

53.6

ARTICLE 4

53.7

SUBSTANCE USE DISORDER SERVICES

53.8 Section 1. Minnesota Statutes 2022, section 148F.025, subdivision 2, is amended to read:

53.9 Subd. 2. **Education requirements for licensure.** An applicant for licensure must submit
53.10 evidence satisfactory to the board that the applicant has:

53.11 (1) received a bachelor's or master's degree from an accredited school or educational
53.12 program; and

53.13 (2) received 18 semester credits or 270 clock hours of academic course work and 880
53.14 clock hours of supervised alcohol and drug counseling practicum from an accredited school
53.15 or education program. The course work and practicum do not have to be part of the bachelor's
53.16 degree earned under clause (1). The academic course work must be in the following areas:

53.17 (i) an overview of the transdisciplinary foundations of alcohol and drug counseling,
53.18 including theories of chemical dependency, the continuum of care, and the process of change;

53.19 (ii) pharmacology of substance abuse disorders and the dynamics of addiction, including
53.20 substance use disorder treatment with medications for opioid use disorder;

53.21 (iii) professional and ethical responsibilities;

53.22 (iv) multicultural aspects of chemical dependency;

53.23 (v) co-occurring disorders; and

53.24 (vi) the core functions defined in section 148F.01, subdivision 10.

53.25 Sec. 2. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

53.26 Subd. 17. **Peer recovery support services.** "Peer recovery support services" means
53.27 ~~mentoring and education, advocacy, and nonclinical recovery support provided by a recovery~~
53.28 ~~peer services provided according to section 245F.08, subdivision 3.~~

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

54.1 Sec. 3. Minnesota Statutes 2022, section 245F.02, subdivision 21, is amended to read:

54.2 Subd. 21. **Recovery peer.** "Recovery peer" means a person who has progressed in the
54.3 person's own recovery from substance use disorder and is willing to serve as a peer to assist
54.4 others in their recovery and is qualified according to section 245F.15, subdivision 7.

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

54.6 Sec. 4. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

54.7 Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or~~
54.8 ~~recovery support partners for individuals in recovery, and may provide encouragement,~~

46.9

ARTICLE 5

46.10

SUBSTANCE USE DISORDER SERVICES

46.11 Section 1. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

46.12 Subd. 17. **Peer recovery support services.** "Peer recovery support services" means
46.13 ~~mentoring and education, advocacy, and nonclinical recovery support provided by a recovery~~
46.14 ~~peer services provided according to section 245F.08, subdivision 3.~~

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

46.16 Sec. 2. Minnesota Statutes 2022, section 245F.02, subdivision 21, is amended to read:

46.17 Subd. 21. **Recovery peer.** "Recovery peer" means a person who has progressed in the
46.18 person's own recovery from substance use disorder and is willing to serve as a peer to assist
46.19 others in their recovery and is qualified according to section 245F.15, subdivision 7.

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

46.21 Sec. 3. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:

46.22 Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or~~
46.23 ~~recovery support partners for individuals in recovery, and may provide encouragement,~~

54.9 self-disclosure of recovery experiences, transportation to appointments, assistance with
54.10 finding resources that will help locate housing, job search resources, and assistance finding
54.11 and participating in support groups.

54.12 (b) Peer recovery support services are provided by a recovery peer and must be supervised
54.13 by the responsible staff person.

54.14 Peer recovery support services must meet the requirements in section 245G.07,
54.15 subdivision 2, clause (8), and must be provided by a person who is qualified according to
54.16 the requirements in section 245F.15, subdivision 7.

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

54.18 Sec. 5. Minnesota Statutes 2022, section 245F.15, subdivision 7, is amended to read:

54.19 Subd. 7. **Recovery peer qualifications.** Recovery peers must:

54.20 (1) be at least 21 years of age and have a high school diploma or its equivalent;

54.21 (2) have a minimum of one year in recovery from substance use disorder;

54.22 (3) have completed a curriculum designated by the commissioner that teaches specific
54.23 skills and training in the domains of ethics and boundaries, advocacy, mentoring and
54.24 education, and recovery and wellness support; and

54.25 (4) receive supervision in areas specific to the domains of their role by qualified
54.26 supervisory staff.

54.27 (1) meet the qualifications in section 245I.04, subdivision 18; and

54.28 (2) provide services according to the scope of practice established in section 245I.04,
54.29 subdivision 19, under the supervision of an alcohol and drug counselor.

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

55.1 Sec. 6. Minnesota Statutes 2022, section 245G.031, subdivision 2, is amended to read:

55.2 Subd. 2. **Qualifying accreditation; determination of same and similar standards.** (a)

55.3 The commissioner must accept a qualifying accreditation from an accrediting body listed
55.4 in paragraph (c) after determining, in consultation with the accrediting body and license
55.5 holders, which of the accrediting body's standards ~~that~~ are the same as or similar to the
55.6 licensing requirements in this chapter. In determining whether standards of an accrediting
55.7 body are the same as or similar to licensing requirements under this chapter, the commissioner
55.8 shall give due consideration to the existence of a standard that aligns in whole or in part to
55.9 a licensing standard.

55.10 (b) Upon request by a license holder, the commissioner may allow the accrediting body
55.11 to monitor for compliance with licensing requirements under this chapter that are determined
55.12 to be neither the same as nor similar to those of the accrediting body.

46.24 self-disclosure of recovery experiences, transportation to appointments, assistance with
46.25 finding resources that will help locate housing, job search resources, and assistance finding
46.26 and participating in support groups.

46.27 (b) Peer recovery support services are provided by a recovery peer and must be supervised
46.28 by the responsible staff person.

47.1 Peer recovery support services must meet the requirements in section 245G.07,
47.2 subdivision 2, clause (8), and must be provided by a person who is qualified according to
47.3 the requirements in section 245F.15, subdivision 7.

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

47.5 Sec. 4. Minnesota Statutes 2022, section 245F.15, subdivision 7, is amended to read:

47.6 Subd. 7. **Recovery peer qualifications.** Recovery peers must:

47.7 (1) be at least 21 years of age and have a high school diploma or its equivalent;

47.8 (2) have a minimum of one year in recovery from substance use disorder;

47.9 (3) have completed a curriculum designated by the commissioner that teaches specific
47.10 skills and training in the domains of ethics and boundaries, advocacy, mentoring and
47.11 education, and recovery and wellness support; and

47.12 (4) receive supervision in areas specific to the domains of their role by qualified
47.13 supervisory staff.

47.14 (1) meet the qualifications in section 245I.04, subdivision 18; and

47.15 (2) provide services according to the scope of practice established in section 245I.04,
47.16 subdivision 19, under the supervision of an alcohol and drug counselor.

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

55.13 (c) For purposes of this section, "accrediting body" means The Joint Commission.

55.14 (d) Qualifying accreditation only applies to the license holder's licensed programs that
55.15 are included in the accrediting body's survey during each survey period.

55.16 Sec. 7. Minnesota Statutes 2022, section 245G.04, is amended by adding a subdivision to
55.17 read:

55.18 Subd. 3. **Opioid educational material.** (a) If a client is identified as having opioid use
55.19 issues, the license holder must provide opioid educational material to the client on the day
55.20 of service initiation. The license holder must use the opioid educational material approved
55.21 by the commissioner that contains information on:

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

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

55.24 (3) the risk and recognition of opioid overdose; and

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

55.27 (b) If the client is identified as having opioid use issues at a later date, the required
55.28 educational material must be provided at that time.

55.29 **EFFECTIVE DATE.** This section is effective January 1, 2025.

56.1 Sec. 8. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 3, is amended
56.2 to read:

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

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

56.8 (2) a determination of whether the individual screens positive for co-occurring mental
56.9 health disorders using a screening tool approved by the commissioner pursuant to section
56.10 245.4863;

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

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

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

47.18 Sec. 5. Minnesota Statutes 2022, section 245G.04, is amended by adding a subdivision to
47.19 read:

47.20 Subd. 3. **Opioid educational material.** (a) If a client is identified as having opioid use
47.21 issues, the license holder must provide opioid educational material to the client on the day
47.22 of service initiation. The license holder must use the opioid educational material approved
47.23 by the commissioner that contains information on:

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

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

47.26 (3) the risk and recognition of opioid overdose; and

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

48.1 (b) If the client is identified as having opioid use issues at a later date, the required
48.2 educational material must be provided at that time.

48.3 **EFFECTIVE DATE.** This section is effective January 1, 2025.

48.4 Sec. 6. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 3, is amended
48.5 to read:

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

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

48.11 (2) a determination of whether the individual screens positive for co-occurring mental
48.12 health disorders using a screening tool approved by the commissioner pursuant to section
48.13 245.4863;

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

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

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

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

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

56.19 (3) the risk and recognition of opioid overdose; and

56.20 (4) the use, availability, and administration of an opiate antagonist to respond to opioid

56.21 overdose.

56.22 ~~If the client is identified as having opioid use disorder at a later point, the required educational~~

56.23 ~~material must be provided at that point. The license holder must use the educational materials~~

56.24 ~~that are approved by the commissioner to comply with this requirement.~~

56.25 **EFFECTIVE DATE.** This section is effective January 1, 2025.

56.26 Sec. 9. Minnesota Statutes 2023 Supplement, section 245G.09, subdivision 3, is amended

56.27 to read:

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

56.29 (1) documentation that the client was given information on client rights and

56.30 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided

56.31 an orientation to the program abuse prevention plan required under section 245A.65,

57.1 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record

57.2 must contain documentation that the client was provided educational information according

57.3 to section ~~245G.05~~ 245G.04, subdivision 3, ~~paragraph (b)~~;

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

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

57.6 (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2,

57.7 and 626.557, subdivision 14, when applicable;

57.8 (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

57.9 (6) documentation of treatment services, significant events, appointments, concerns, and

57.10 treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

57.11 (7) a summary at the time of service termination according to section 245G.06,

57.12 subdivision 4.

57.13 **EFFECTIVE DATE.** This section is effective January 1, 2025.

57.14 Sec. 10. Minnesota Statutes 2023 Supplement, section 245G.11, subdivision 10, is amended

57.15 to read:

57.16 Subd. 10. **Student interns and former students.** (a) A qualified staff member must

57.17 supervise and be responsible for a treatment service performed by a student intern and must

57.18 review and sign each assessment, individual treatment plan, and treatment plan review

57.19 prepared by a student intern.

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

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

48.22 (3) the risk and recognition of opioid overdose; and

48.23 (4) the use, availability, and administration of an opiate antagonist to respond to opioid

48.24 overdose.

48.25 ~~If the client is identified as having opioid use disorder at a later point, the required educational~~

48.26 ~~material must be provided at that point. The license holder must use the educational materials~~

48.27 ~~that are approved by the commissioner to comply with this requirement.~~

48.28 **EFFECTIVE DATE.** This section is effective January 1, 2025.

49.1 Sec. 7. Minnesota Statutes 2023 Supplement, section 245G.09, subdivision 3, is amended

49.2 to read:

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

49.4 (1) documentation that the client was given information on client rights and

49.5 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided

49.6 an orientation to the program abuse prevention plan required under section 245A.65,

49.7 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record

49.8 must contain documentation that the client was provided educational information according

49.9 to section ~~245G.05~~ 245G.04, subdivision 3, ~~paragraph (b)~~;

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

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

49.12 (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2,

49.13 and 626.557, subdivision 14, when applicable;

49.14 (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

49.15 (6) documentation of treatment services, significant events, appointments, concerns, and

49.16 treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

49.17 (7) a summary at the time of service termination according to section 245G.06,

49.18 subdivision 4.

49.19 **EFFECTIVE DATE.** This section is effective January 1, 2025.

49.20 Sec. 8. Minnesota Statutes 2023 Supplement, section 245G.11, subdivision 10, is amended

49.21 to read:

49.22 Subd. 10. **Student interns and former students.** (a) A qualified staff member must

49.23 supervise and be responsible for a treatment service performed by a student intern and must

49.24 review and sign each assessment, individual treatment plan, and treatment plan review

49.25 prepared by a student intern.

57.20 (b) An alcohol and drug counselor must supervise and be responsible for a treatment
57.21 service performed by a former student and must review and sign each assessment, individual
57.22 treatment plan, and treatment plan review prepared by the former student.

57.23 (c) A student intern or former student must receive the orientation and training required
57.24 in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the
57.25 treatment staff may be ~~students, student interns or former students, or licensing candidates~~
57.26 with time documented to be directly related to the provision of treatment services for which
57.27 the staff are authorized.

57.28 Sec. 11. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 2, is amended
57.29 to read:

57.30 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
57.31 have the meanings given them.

58.1 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
58.2 diverted from intended use of the medication.

58.3 (c) "Guest dose" means administration of a medication used for the treatment of opioid
58.4 addiction to a person who is not a client of the program that is administering or dispensing
58.5 the medication.

58.6 (d) "Medical director" means a practitioner licensed to practice medicine in the
58.7 jurisdiction that the opioid treatment program is located who assumes responsibility for
58.8 administering all medical services performed by the program, either by performing the
58.9 services directly or by delegating specific responsibility to a practitioner of the opioid
58.10 treatment program.

58.11 (e) "Medication used for the treatment of opioid use disorder" means a medication
58.12 approved by the Food and Drug Administration for the treatment of opioid use disorder.

58.13 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

58.14 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
58.15 title 42, section 8.12, and includes programs licensed under this chapter.

58.16 (h) "Practitioner" means a staff member holding a current, unrestricted license to practice
58.17 medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing
58.18 and is currently registered with the Drug Enforcement Administration to order or dispense
58.19 controlled substances in Schedules II to V under the Controlled Substances Act, United
58.20 States Code, title 21, part B, section 821. ~~Practitioner includes an advanced practice registered~~
58.21 ~~nurse and physician assistant if the staff member receives a variance by the state opioid~~
58.22 ~~treatment authority under section 254A.03 and the federal Substance Abuse and Mental~~
58.23 ~~Health Services Administration.~~

58.24 (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
58.25 disorder dispensed for use by a client outside of the program setting.

49.26 (b) An alcohol and drug counselor must supervise and be responsible for a treatment
49.27 service performed by a former student and must review and sign each assessment, individual
49.28 treatment plan, and treatment plan review prepared by the former student.

49.29 (c) A student intern or former student must receive the orientation and training required
49.30 in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the
49.31 treatment staff may be ~~students, student interns or former students, or licensing candidates~~
50.1 with time documented to be directly related to the provision of treatment services for which
50.2 the staff are authorized.

50.3 Sec. 9. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 2, is amended
50.4 to read:

50.5 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
50.6 have the meanings given them.

50.7 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
50.8 diverted from intended use of the medication.

50.9 (c) "Guest dose" means administration of a medication used for the treatment of opioid
50.10 addiction to a person who is not a client of the program that is administering or dispensing
50.11 the medication.

50.12 (d) "Medical director" means a practitioner licensed to practice medicine in the
50.13 jurisdiction that the opioid treatment program is located who assumes responsibility for
50.14 administering all medical services performed by the program, either by performing the
50.15 services directly or by delegating specific responsibility to a practitioner of the opioid
50.16 treatment program.

50.17 (e) "Medication used for the treatment of opioid use disorder" means a medication
50.18 approved by the Food and Drug Administration for the treatment of opioid use disorder.

50.19 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

50.20 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
50.21 title 42, section 8.12, and includes programs licensed under this chapter.

50.22 (h) "Practitioner" means a staff member holding a current, unrestricted license to practice
50.23 medicine issued by the Board of Medical Practice or nursing issued by the Board of Nursing
50.24 and is currently registered with the Drug Enforcement Administration to order or dispense
50.25 controlled substances in Schedules II to V under the Controlled Substances Act, United
50.26 States Code, title 21, part B, section 821. ~~Practitioner includes an advanced practice registered~~
50.27 ~~nurse and physician assistant if the staff member receives a variance by the state opioid~~
50.28 ~~treatment authority under section 254A.03 and the federal Substance Abuse and Mental~~
50.29 ~~Health Services Administration.~~

50.30 (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
50.31 disorder dispensed for use by a client outside of the program setting.

58.26 Sec. 12. Minnesota Statutes 2022, section 245G.22, subdivision 6, is amended to read:

58.27 Subd. 6. **Criteria for unsupervised use.** (a) To limit the potential for diversion of
58.28 medication used for the treatment of opioid use disorder to the illicit market, medication
58.29 dispensed to a client for unsupervised use shall be subject to the requirements of this
58.30 subdivision. Any client in an opioid treatment program may receive a ~~single unsupervised~~
58.31 ~~use dose for a day that the clinic is closed for business, including Sundays and state and~~
58.32 ~~federal holidays individualized unsupervised use doses as ordered for days that the clinic~~
58.33 ~~is closed for business, including one weekend day and state and federal holidays, no matter~~
59.1 ~~the client's length of time in treatment, as allowed under Code of Federal Regulations, title~~
59.2 ~~42, section 8.12(i)(1).~~

59.3 (b) ~~For unsupervised use doses beyond those allowed in paragraph (a), a practitioner~~
59.4 ~~with authority to prescribe must review and document the criteria in this paragraph and~~
59.5 ~~paragraph (c) Code of Federal Regulations, title 42, section 8.12(i)(2), when determining~~
59.6 ~~whether dispensing medication for a client's unsupervised use is safe and when it is~~
59.7 ~~appropriate to implement, increase, or extend the amount of time between visits to the~~
59.8 ~~program. The criteria are:~~

59.9 ~~(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics,~~
59.10 ~~and alcohol;~~

59.11 ~~(2) regularity of program attendance;~~

59.12 ~~(3) absence of serious behavioral problems at the program;~~

59.13 ~~(4) absence of known recent criminal activity such as drug dealing;~~

59.14 ~~(5) stability of the client's home environment and social relationships;~~

59.15 ~~(6) length of time in comprehensive maintenance treatment;~~

59.16 ~~(7) reasonable assurance that unsupervised use medication will be safely stored within~~
59.17 ~~the client's home; and~~

59.18 ~~(8) whether the rehabilitative benefit the client derived from decreasing the frequency~~
59.19 ~~of program attendance outweighs the potential risks of diversion or unsupervised use.~~

59.20 (c) The determination, including the basis of the determination must be documented in
59.21 the client's medical record.

59.22 Sec. 13. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 17, is amended
59.23 to read:

59.24 Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the
59.25 policies and procedures required in this subdivision.

59.26 (b) For a program that is not open every day of the year, the license holder must maintain
59.27 a policy and procedure that covers requirements under section 245G.22, subdivisions 6 and

51.1 Sec. 10. Minnesota Statutes 2022, section 245G.22, subdivision 6, is amended to read:

51.2 Subd. 6. **Criteria for unsupervised use.** (a) To limit the potential for diversion of
51.3 medication used for the treatment of opioid use disorder to the illicit market, medication
51.4 dispensed to a client for unsupervised use shall be subject to the requirements of this
51.5 subdivision. Any client in an opioid treatment program may receive a ~~single unsupervised~~
51.6 ~~use dose for a day that the clinic is closed for business, including Sundays and state and~~
51.7 ~~federal holidays individualized unsupervised use doses as ordered for days that the clinic~~
51.8 ~~is closed for business, including one weekend day and state and federal holidays, no matter~~
51.9 ~~the client's length of time in treatment, as allowed under Code of Federal Regulations, title~~
51.10 ~~42, section 8.12(i)(1).~~

51.11 (b) ~~For unsupervised use doses beyond those allowed in paragraph (a), a practitioner~~
51.12 ~~with authority to prescribe must review and document the criteria in this paragraph and~~
51.13 ~~paragraph (c) Code of Federal Regulations, title 42, section 8.12(i)(2), when determining~~
51.14 ~~whether dispensing medication for a client's unsupervised use is safe and when it is~~
51.15 ~~appropriate to implement, increase, or extend the amount of time between visits to the~~
51.16 ~~program. The criteria are:~~

51.17 ~~(1) absence of recent abuse of drugs including but not limited to opioids, non-narcotics,~~
51.18 ~~and alcohol;~~

51.19 ~~(2) regularity of program attendance;~~

51.20 ~~(3) absence of serious behavioral problems at the program;~~

51.21 ~~(4) absence of known recent criminal activity such as drug dealing;~~

51.22 ~~(5) stability of the client's home environment and social relationships;~~

51.23 ~~(6) length of time in comprehensive maintenance treatment;~~

51.24 ~~(7) reasonable assurance that unsupervised use medication will be safely stored within~~
51.25 ~~the client's home; and~~

51.26 ~~(8) whether the rehabilitative benefit the client derived from decreasing the frequency~~
51.27 ~~of program attendance outweighs the potential risks of diversion or unsupervised use.~~

51.28 (c) The determination, including the basis of the determination must be documented in
51.29 the client's medical record.

52.1 Sec. 11. Minnesota Statutes 2023 Supplement, section 245G.22, subdivision 17, is amended
52.2 to read:

52.3 Subd. 17. **Policies and procedures.** (a) A license holder must develop and maintain the
52.4 policies and procedures required in this subdivision.

52.5 (b) For a program that is not open every day of the year, the license holder must maintain
52.6 a policy and procedure that covers requirements under section 245G.22, subdivisions 6 and

59.28 ~~7 subdivision 6.~~ Unsupervised use of medication used for the treatment of opioid use disorder
59.29 for days that the program is closed for business, including ~~but not limited to Sundays one~~
59.30 ~~weekend day~~ and state and federal holidays, must meet the requirements under ~~section~~
59.31 ~~245G.22, subdivisions 6 and 7 subdivision 6.~~

60.1 (c) The license holder must maintain a policy and procedure that includes specific
60.2 measures to reduce the possibility of diversion. The policy and procedure must:

60.3 (1) specifically identify and define the responsibilities of the medical and administrative
60.4 staff for performing diversion control measures; and

60.5 (2) include a process for contacting no less than five percent of clients who have
60.6 unsupervised use of medication, excluding clients approved solely under subdivision 6,
60.7 paragraph (a), to require clients to physically return to the program each month. The system
60.8 must require clients to return to the program within a stipulated time frame and turn in all
60.9 unused medication containers related to opioid use disorder treatment. The license holder
60.10 must document all related contacts on a central log and the outcome of the contact for each
60.11 client in the client's record. The medical director must be informed of each outcome that
60.12 results in a situation in which a possible diversion issue was identified.

60.13 (d) Medication used for the treatment of opioid use disorder must be ordered,
60.14 administered, and dispensed according to applicable state and federal regulations and the
60.15 standards set by applicable accreditation entities. If a medication order requires assessment
60.16 by the person administering or dispensing the medication to determine the amount to be
60.17 administered or dispensed, the assessment must be completed by an individual whose
60.18 professional scope of practice permits an assessment. For the purposes of enforcement of
60.19 this paragraph, the commissioner has the authority to monitor the person administering or
60.20 dispensing the medication for compliance with state and federal regulations and the relevant
60.21 standards of the license holder's accreditation agency and may issue licensing actions
60.22 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
60.23 determination of noncompliance.

60.24 ~~(e) A counselor in an opioid treatment program must not supervise more than 50 clients.~~

60.25 ~~(f) Notwithstanding paragraph (e), From July 1, 2023, to June 30, 2024, a counselor in~~
60.26 ~~an opioid treatment program may supervise up to 60 clients. The license holder may continue~~
60.27 ~~to serve a client who was receiving services at the program on June 30, 2024, at a counselor~~
60.28 ~~to client ratio of up to one to 60 and is not required to discharge any clients in order to return~~
60.29 ~~to the counselor to client ratio of one to 50. The license holder may not, however, serve a~~

52.7 ~~7 subdivision 6.~~ Unsupervised use of medication used for the treatment of opioid use disorder
52.8 for days that the program is closed for business, including ~~but not limited to Sundays one~~
52.9 ~~weekend day~~ and state and federal holidays, must meet the requirements under ~~section~~
52.10 ~~245G.22, subdivisions 6 and 7 subdivision 6.~~

52.11 (c) The license holder must maintain a policy and procedure that includes specific
52.12 measures to reduce the possibility of diversion. The policy and procedure must:

52.13 (1) specifically identify and define the responsibilities of the medical and administrative
52.14 staff for performing diversion control measures; and

52.15 (2) include a process for contacting no less than five percent of clients who have
52.16 unsupervised use of medication, excluding clients approved solely under subdivision 6,
52.17 paragraph (a), to require clients to physically return to the program each month. The system
52.18 must require clients to return to the program within a stipulated time frame and turn in all
52.19 unused medication containers related to opioid use disorder treatment. The license holder
52.20 must document all related contacts on a central log and the outcome of the contact for each
52.21 client in the client's record. The medical director must be informed of each outcome that
52.22 results in a situation in which a possible diversion issue was identified.

52.23 (d) Medication used for the treatment of opioid use disorder must be ordered,
52.24 administered, and dispensed according to applicable state and federal regulations and the
52.25 standards set by applicable accreditation entities. If a medication order requires assessment
52.26 by the person administering or dispensing the medication to determine the amount to be
52.27 administered or dispensed, the assessment must be completed by an individual whose
52.28 professional scope of practice permits an assessment. For the purposes of enforcement of
52.29 this paragraph, the commissioner has the authority to monitor the person administering or
52.30 dispensing the medication for compliance with state and federal regulations and the relevant
52.31 standards of the license holder's accreditation agency and may issue licensing actions
52.32 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
52.33 determination of noncompliance.

53.1 ~~(e) A counselor in an opioid treatment program must not supervise more than 50 clients.~~
53.2 The license holder must maintain a ratio of one full-time equivalent alcohol and drug
53.3 counselor for every 60 clients enrolled in the program. The license holder must determine
53.4 the appropriate number of clients for which each counselor is responsible based on the needs
53.5 of each client. The license holder must maintain documentation of the clients assigned to
53.6 each counselor to demonstrate compliance with this paragraph. For the purpose of this
53.7 paragraph, "full-time equivalent" means working at least 32 hours each week.

53.8 ~~(f) Notwithstanding paragraph (e), From July 1, 2023, to June 30, 2024, a counselor in~~
53.9 ~~an opioid treatment program may supervise up to 60 clients. The license holder may continue~~
53.10 ~~to serve a client who was receiving services at the program on June 30, 2024, at a counselor~~
53.11 ~~to client ratio of up to one to 60 and is not required to discharge any clients in order to return~~
53.12 ~~to the counselor to client ratio of one to 50. The license holder may not, however, serve a~~

60.30 ~~new client after June 30, 2024, unless the counselor who would supervise the new client is~~
60.31 ~~supervising fewer than 50 existing clients.~~

60.32 **EFFECTIVE DATE.** This section is effective July 1, 2024.

61.1 Sec. 14. Minnesota Statutes 2023 Supplement, section 254A.19, subdivision 3, is amended
61.2 to read:

61.3 Subd. 3. **Comprehensive assessments.** (a) An eligible vendor under section 254B.05
61.4 conducting a comprehensive assessment for an individual seeking treatment shall ~~approve~~
61.5 recommend the nature, intensity level, and duration of treatment service if a need for services
61.6 is indicated, but the individual assessed can access any enrolled provider that is licensed to
61.7 provide the level of service authorized, including the provider or program that completed
61.8 the assessment. If an individual is enrolled in a prepaid health plan, the individual must
61.9 comply with any provider network requirements or limitations.

61.10 (b) When a comprehensive assessment is completed while the individual is in a substance
61.11 use disorder treatment program, the comprehensive assessment must meet the requirements
61.12 of section 245G.05.

61.13 (c) When a comprehensive assessment is completed for purposes of payment under
61.14 section 254B.05, subdivision 1, paragraphs (b), (c), or (h), or if the assessment is completed
61.15 prior to service initiation by a licensed substance use disorder treatment program licensed
61.16 under chapter 245G or applicable Tribal license, the assessor must:

61.17 (1) include all components under section 245G.05, subdivision 3;

61.18 (2) provide the assessment within five days of request or refer the individual to other
61.19 locations where they may access this service sooner;

53.13 ~~new client after June 30, 2024, unless the counselor who would supervise the new client is~~
53.14 ~~supervising fewer than 50 existing clients.~~

53.15 **EFFECTIVE DATE.** This section is effective July 1, 2024.

53.16 Sec. 12. Minnesota Statutes 2023 Supplement, section 2451.04, subdivision 18, is amended
53.17 to read:

53.18 Subd. 18. **Recovery peer qualifications.** (a) A recovery peer must:

53.19 (1) have a minimum of one year in recovery from substance use disorder; and

53.20 (2) hold a current credential from the Minnesota Certification Board, the Upper Midwest
53.21 Indian Council on Addictive Disorders, or the National Association for Alcoholism and
53.22 Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and
53.23 boundaries, advocacy, mentoring and education, and recovery and wellness support.

53.24 (b) A recovery peer who receives a credential from a Tribal Nation when providing peer
53.25 recovery support services in a tribally licensed program satisfies the requirement in paragraph
53.26 (a), clause (2).

53.27 (c) A recovery peer must not be classified as an independent contractor.

53.28 Sec. 13. Minnesota Statutes 2023 Supplement, section 254A.19, subdivision 3, is amended
53.29 to read:

53.30 Subd. 3. **Comprehensive assessments.** (a) An eligible vendor under section 254B.05
53.31 conducting a comprehensive assessment for an individual seeking treatment shall ~~approve~~
53.32 recommend the nature, intensity level, and duration of treatment service if a need for services
54.1 is indicated, but the individual assessed can access any enrolled provider that is licensed to
54.2 provide the level of service authorized, including the provider or program that completed
54.3 the assessment. If an individual is enrolled in a prepaid health plan, the individual must
54.4 comply with any provider network requirements or limitations.

54.5 (b) When a comprehensive assessment is completed while the individual is in a substance
54.6 use disorder treatment program, the comprehensive assessment must meet the requirements
54.7 of section 245G.05.

54.8 (c) When a comprehensive assessment is completed for purposes of payment under
54.9 section 254B.05, subdivision 1, paragraph (b), (c), or (h), or if the assessment is completed
54.10 prior to service initiation by a licensed substance use disorder treatment program licensed
54.11 under chapter 245G or applicable Tribal license, the assessor must:

54.12 (1) include all components under section 245G.05, subdivision 3;

54.13 (2) provide the assessment within five days of request or refer the individual to other
54.14 locations where they may access this service sooner;

61.20 (3) provide information on payment options for substance use disorder services when
61.21 the individual is uninsured or underinsured;
61.22 (4) provide the individual with a notice of privacy practices;
61.23 (5) provide a copy of the completed comprehensive assessment, upon request;
61.24 (6) provide resources and contact information for the level of care being recommended;
61.25 and
61.26 (7) provide an individual diagnosed with an opioid use disorder with educational material
61.27 approved by the commissioner that contains information on:
61.28 (i) risks for opioid use disorder and opioid dependence;
61.29 (ii) treatment options, including the use of a medication for opioid use disorder;
61.30 (iii) the risk and recognition of opioid overdose; and
62.1 (iv) the use, availability, and administration of an opiate antagonist to respond to opioid
62.2 overdose.

54.15 (3) provide information on payment options for substance use disorder services when
54.16 the individual is uninsured or underinsured;
54.17 (4) provide the individual with a notice of privacy practices;
54.18 (5) provide a copy of the completed comprehensive assessment, upon request;
54.19 (6) provide resources and contact information for the level of care being recommended;
54.20 and
54.21 (7) provide an individual diagnosed with an opioid use disorder with educational material
54.22 approved by the commissioner that contains information on:
54.23 (i) risks for opioid use disorder and opioid dependence;
54.24 (ii) treatment options, including the use of a medication for opioid use disorder;
54.25 (iii) the risk and recognition of opioid overdose; and
54.26 (iv) the use, availability, and administration of an opiate antagonist to respond to opioid
54.27 overdose.
54.28 Sec. 14. Minnesota Statutes 2022, section 254B.03, subdivision 4, is amended to read:
54.29 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
54.30 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
54.31 of local money, pay the state for 22.95 percent of the cost of substance use disorder services,
55.1 except for those services provided to persons enrolled in medical assistance under chapter
55.2 256B and room and board services under section 254B.05, subdivision 5, paragraph (b);
55.3 clause (12). Counties may use the indigent hospitalization levy for treatment and hospital
55.4 payments made under this section.
55.5 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
55.6 for the cost of payment and collections, must be distributed to the county that paid for a
55.7 portion of the treatment under this section.
55.8 Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 1a, is amended
55.9 to read:
55.10 Subd. 1a. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
55.11 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
55.12 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
55.13 fund services. State money appropriated for this paragraph must be placed in a separate
55.14 account established for this purpose.
55.15 (b) Persons with dependent children who are determined to be in need of substance use
55.16 disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in
55.17 need of chemical dependency treatment pursuant to a case plan under section 260C.201,
55.18 subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment

55.19 services. Treatment services must be appropriate for the individual or family, which may
55.20 include long-term care treatment or treatment in a facility that allows the dependent children
55.21 to stay in the treatment facility. The county shall pay for out-of-home placement costs, if
55.22 applicable.

55.23 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
55.24 for room and board services under section 254B.05, subdivision 5, paragraph (b), ~~clause~~
55.25 ~~(12)~~.

55.26 (d) A client is eligible to have substance use disorder treatment paid for with funds from
55.27 the behavioral health fund when the client:

55.28 (1) is eligible for MFIP as determined under chapter 256J;

55.29 (2) is eligible for medical assistance as determined under Minnesota Rules, parts
55.30 9505.0010 to 9505.0150;

55.31 (3) is eligible for general assistance, general assistance medical care, or work readiness
55.32 as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or

56.1 (4) has income that is within current household size and income guidelines for entitled
56.2 persons, as defined in this subdivision and subdivision 7.

56.3 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
56.4 a third-party payment source are eligible for the behavioral health fund if the third-party
56.5 payment source pays less than 100 percent of the cost of treatment services for eligible
56.6 clients.

56.7 (f) A client is ineligible to have substance use disorder treatment services paid for with
56.8 behavioral health fund money if the client:

56.9 (1) has an income that exceeds current household size and income guidelines for entitled
56.10 persons as defined in this subdivision and subdivision 7; or

56.11 (2) has an available third-party payment source that will pay the total cost of the client's
56.12 treatment.

56.13 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
56.14 is eligible for continued treatment service that is paid for by the behavioral health fund until
56.15 the treatment episode is completed or the client is re-enrolled in a state prepaid health plan
56.16 if the client:

56.17 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
56.18 medical care; or

56.19 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
56.20 agency under section 254B.04.

62.3 Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 6, is amended
62.4 to read:

62.5 Subd. 6. **Local agency to determine client financial eligibility.** (a) The local agency
62.6 shall determine a client's financial eligibility for the behavioral health fund according to
62.7 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
62.8 the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients
62.9 according to chapter 256G. ~~The local agency shall enter the financial eligibility span within~~
62.10 ~~ten calendar days of request.~~ Client eligibility must be determined using only forms prescribed
62.11 by the ~~department~~ commissioner unless the local agency has a reasonable basis for believing
62.12 that the information submitted on a form is false. To determine a client's eligibility, the local
62.13 agency must determine the client's income, the size of the client's household, the availability
62.14 of a third-party payment source, and a responsible relative's ability to pay for the client's
62.15 substance use disorder treatment.

62.16 (b) A client who is a minor child must not be deemed to have income available to pay
62.17 for substance use disorder treatment, unless the minor child is responsible for payment under
62.18 section 144.347 for substance use disorder treatment services sought under section 144.343,
62.19 subdivision 1.

62.20 (c) The local agency must determine the client's household size as follows:

62.21 (1) if the client is a minor child, the household size includes the following persons living
62.22 in the same dwelling unit:

62.23 (i) the client;

62.24 (ii) the client's birth or adoptive parents; and

62.25 (iii) the client's siblings who are minors; and

56.21 (h) When a county commits a client under chapter 253B to a regional treatment center
56.22 for substance use disorder services and the client is ineligible for the behavioral health fund,
56.23 the county is responsible for the payment to the regional treatment center according to
56.24 section 254B.05, subdivision 4.

56.25 Sec. 16. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 2a, is amended
56.26 to read:

56.27 Subd. 2a. **Eligibility for room and board services for persons in outpatient substance**
56.28 **use disorder treatment.** A person eligible for room and board services under section
56.29 254B.05, subdivision 5, paragraph (b), ~~clause (12),~~ must score at level 4 on assessment
56.30 dimensions related to readiness to change, relapse, continued use, or recovery environment
56.31 in order to be assigned to services with a room and board component reimbursed under this
57.1 section. Whether a treatment facility has been designated an institution for mental diseases
57.2 under United States Code, title 42, section 1396d, shall not be a factor in making placements.

57.3 Sec. 17. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 6, is amended
57.4 to read:

57.5 Subd. 6. **Local agency to determine client financial eligibility.** (a) The local agency
57.6 shall determine a client's financial eligibility for the behavioral health fund according to
57.7 section 254B.04, subdivision 1a, with the income calculated prospectively for one year from
57.8 the date of ~~comprehensive assessment~~ request. The local agency shall pay for eligible clients
57.9 according to chapter 256G. ~~The local agency shall enter the financial eligibility span within~~
57.10 ~~ten calendar days of request.~~ Client eligibility must be determined using only forms prescribed
57.11 by the ~~department~~ commissioner unless the local agency has a reasonable basis for believing
57.12 that the information submitted on a form is false. To determine a client's eligibility, the local
57.13 agency must determine the client's income, the size of the client's household, the availability
57.14 of a third-party payment source, and a responsible relative's ability to pay for the client's
57.15 substance use disorder treatment.

57.16 (b) A client who is a minor child must not be deemed to have income available to pay
57.17 for substance use disorder treatment, unless the minor child is responsible for payment under
57.18 section 144.347 for substance use disorder treatment services sought under section 144.343,
57.19 subdivision 1.

57.20 (c) The local agency must determine the client's household size as follows:

57.21 (1) if the client is a minor child, the household size includes the following persons living
57.22 in the same dwelling unit:

57.23 (i) the client;

57.24 (ii) the client's birth or adoptive parents; and

57.25 (iii) the client's siblings who are minors; and

62.26 (2) if the client is an adult, the household size includes the following persons living in
62.27 the same dwelling unit:

62.28 (i) the client;

62.29 (ii) the client's spouse;

62.30 (iii) the client's minor children; and

62.31 (iv) the client's spouse's minor children.

63.1 For purposes of this paragraph, household size includes a person listed in clauses (1) and
63.2 (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing
63.3 to the cost of care of the person in out-of-home placement.

63.4 (d) The local agency must determine the client's current prepaid health plan enrollment,
63.5 the availability of a third-party payment source, including the availability of total payment,
63.6 partial payment, and amount of co-payment.

63.7 (e) The local agency must provide the required eligibility information to the department
63.8 in the manner specified by the department.

63.9 (f) The local agency shall require the client and policyholder to conditionally assign to
63.10 the department the client and policyholder's rights and the rights of minor children to benefits
63.11 or services provided to the client if the department is required to collect from a third-party
63.12 pay source.

63.13 (g) The local agency must redetermine a client's eligibility for the behavioral health fund
63.14 every 12 months.

63.15 (h) A client, responsible relative, and policyholder must provide income or wage
63.16 verification, household size verification, and must make an assignment of third-party payment
63.17 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply
63.18 with the provisions of this subdivision, the client is ineligible for behavioral health fund
63.19 payment for substance use disorder treatment, and the client and responsible relative must
63.20 be obligated to pay for the full cost of substance use disorder treatment services provided
63.21 to the client.

63.22 Sec. 16. Minnesota Statutes 2023 Supplement, section 254B.04, is amended by adding a
63.23 subdivision to read:

63.24 Subd. 6a. **Span of eligibility.** The local agency must enter the financial eligibility span
63.25 within five business days of a request. If the comprehensive assessment is completed within
63.26 the timelines required under chapter 245G, then the span of eligibility must begin on the
63.27 date services were initiated. If the comprehensive assessment is not completed within the
63.28 timelines required under chapter 245G, then the span of eligibility must begin on the date
63.29 the comprehensive assessment was completed.

57.26 (2) if the client is an adult, the household size includes the following persons living in
57.27 the same dwelling unit:

57.28 (i) the client;

57.29 (ii) the client's spouse;

57.30 (iii) the client's minor children; and

57.31 (iv) the client's spouse's minor children.

58.1 For purposes of this paragraph, household size includes a person listed in clauses (1) and
58.2 (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing
58.3 to the cost of care of the person in out-of-home placement.

58.4 (d) The local agency must determine the client's current prepaid health plan enrollment,
58.5 the availability of a third-party payment source, including the availability of total payment,
58.6 partial payment, and amount of co-payment.

58.7 (e) The local agency must provide the required eligibility information to the department
58.8 in the manner specified by the department.

58.9 (f) The local agency shall require the client and policyholder to conditionally assign to
58.10 the department the client and policyholder's rights and the rights of minor children to benefits
58.11 or services provided to the client if the department is required to collect from a third-party
58.12 pay source.

58.13 (g) The local agency must redetermine a client's eligibility for the behavioral health fund
58.14 every 12 months.

58.15 (h) A client, responsible relative, and policyholder must provide income or wage
58.16 verification, household size verification, and must make an assignment of third-party payment
58.17 rights under paragraph (f). If a client, responsible relative, or policyholder does not comply
58.18 with the provisions of this subdivision, the client is ineligible for behavioral health fund
58.19 payment for substance use disorder treatment, and the client and responsible relative must
58.20 be obligated to pay for the full cost of substance use disorder treatment services provided
58.21 to the client.

58.22 Sec. 18. Minnesota Statutes 2023 Supplement, section 254B.04, is amended by adding a
58.23 subdivision to read:

58.24 Subd. 6a. **Span of eligibility.** The local agency must enter the financial eligibility span
58.25 within five business days of a request. If the comprehensive assessment is completed within
58.26 the timelines required under chapter 245G, then the span of eligibility must begin on the
58.27 date services were initiated. If the comprehensive assessment is not completed within the
58.28 timelines required under chapter 245G, then the span of eligibility must begin on the date
58.29 the comprehensive assessment was completed.

64.1 Sec. 17. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
64.2 to read:

64.3 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the
64.4 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be
64.5 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian
64.6 programs that provide substance use disorder treatment, extended care, transitional residence,
64.7 or outpatient treatment services, and are licensed by Tribal government are eligible vendors.

64.8 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
64.9 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
64.10 vendor of a comprehensive assessment and assessment summary provided according to
64.11 section 245G.05, and treatment services provided according to sections 245G.06 and
64.12 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
64.13 (1) to (6).

64.14 (c) A county is an eligible vendor for a comprehensive assessment and assessment
64.15 summary when provided by an individual who meets the staffing credentials of section
64.16 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
64.17 245G.05. A county is an eligible vendor of care coordination services when provided by an
64.18 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
64.19 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
64.20 clause (5). A county is an eligible vendor of peer recovery services when the services are
64.21 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

64.22 (d) A recovery community organization that meets the requirements of clauses (1) to
64.23 (10) and meets ~~membership~~ certification or accreditation requirements of the ~~Association~~
64.24 ~~of Recovery Community Organizations~~, Alliance for Recovery Centered Organizations, the
64.25 Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide
64.26 recovery community organization identified by the commissioner is an eligible vendor of
64.27 peer support services. Eligible vendors under this paragraph must:

64.28 (1) be nonprofit organizations;

64.29 (2) be led and governed by individuals in the recovery community, with more than 50
64.30 percent of the board of directors or advisory board members self-identifying as people in
64.31 personal recovery from substance use disorders;

64.32 (3) primarily focus on recovery from substance use disorders, with missions and visions
64.33 that support this primary focus;

65.1 (4) be grassroots and reflective of and engaged with the community served;

65.2 (5) be accountable to the recovery community through processes that promote the
65.3 involvement and engagement of, and consultation with, people in recovery and their families,
65.4 friends, and recovery allies;

59.1 Sec. 19. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended
59.2 to read:

59.3 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the
59.4 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be
59.5 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian
59.6 programs that provide substance use disorder treatment, extended care, transitional residence,
59.7 or outpatient treatment services, and are licensed by Tribal government are eligible vendors.

59.8 (b) A licensed professional in private practice as defined in section 245G.01, subdivision
59.9 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible
59.10 vendor of a comprehensive assessment and assessment summary provided according to
59.11 section 245G.05, and treatment services provided according to sections 245G.06 and
59.12 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses
59.13 (1) to (6).

59.14 (c) A county is an eligible vendor for a comprehensive assessment and assessment
59.15 summary when provided by an individual who meets the staffing credentials of section
59.16 245G.11, subdivisions 1 and 5, and completed according to the requirements of section
59.17 245G.05. A county is an eligible vendor of care coordination services when provided by an
59.18 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and
59.19 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),
59.20 clause (5). A county is an eligible vendor of peer recovery services when the services are
59.21 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

59.22 (d) A recovery community organization that meets the requirements of clauses (1) to
59.23 (10) and meets ~~membership~~ certification or accreditation requirements of the ~~Association~~
59.24 ~~of Recovery Community Organizations~~, Alliance for Recovery Centered Organizations, the
59.25 Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide
59.26 recovery community organization identified by the commissioner is an eligible vendor of
59.27 peer support services. Eligible vendors under this paragraph must:

59.28 (1) be nonprofit organizations;

59.29 (2) be led and governed by individuals in the recovery community, with more than 50
59.30 percent of the board of directors or advisory board members self-identifying as people in
59.31 personal recovery from substance use disorders;

59.32 (3) primarily focus on recovery from substance use disorders, with missions and visions
59.33 that support this primary focus;

60.1 (4) be grassroots and reflective of and engaged with the community served;

60.2 (5) be accountable to the recovery community through processes that promote the
60.3 involvement and engagement of, and consultation with, people in recovery and their families,
60.4 friends, and recovery allies;

65.5 (6) provide nonclinical peer recovery support services, including but not limited to
65.6 recovery support groups, recovery coaching, telephone recovery support, skill-building
65.7 groups, and harm-reduction activities;

65.8 (7) allow for and support opportunities for all paths toward recovery and refrain from
65.9 excluding anyone based on their chosen recovery path, which may include but is not limited
65.10 to harm reduction paths, faith-based paths, and nonfaith-based paths;

65.11 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
65.12 communities, including board and staff development activities, organizational practices,
65.13 service offerings, advocacy efforts, and culturally informed outreach and service plans;

65.14 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
65.15 across diverse geographical and cultural contexts and reduces stigma; ~~and~~

65.16 (10) maintain an employee and volunteer code of ethics and easily accessible grievance
65.17 procedures posted in physical spaces, on websites, or on program policies or forms;

65.18 (e) Recovery community organizations approved by the commissioner before June 30,
65.19 2023, shall retain their designation as recovery community organizations.

65.20 (f) A recovery community organization that is aggrieved by an accreditation or
65.21 membership determination and believes it meets the requirements under paragraph (d) may
65.22 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
65.23 for reconsideration as an eligible vendor.

65.24 (g) All recovery community organizations must be certified or accredited by an entity
65.25 listed in paragraph (d) by January 1, 2025.

65.26 ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
65.27 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
65.28 nonresidential substance use disorder treatment or withdrawal management program by the
65.29 commissioner or by Tribal government or do not meet the requirements of subdivisions 1a
65.30 and 1b are not eligible vendors.

65.31 ~~(h)~~ (i) Hospitals, federally qualified health centers, and rural health clinics are eligible
65.32 vendors of a comprehensive assessment when the comprehensive assessment is completed
66.1 according to section 245G.05 and by an individual who meets the criteria of an alcohol and
66.2 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor
66.3 must be individually enrolled with the commissioner and reported on the claim as the
66.4 individual who provided the service.

60.5 (6) provide nonclinical peer recovery support services, including but not limited to
60.6 recovery support groups, recovery coaching, telephone recovery support, skill-building
60.7 groups, and harm-reduction activities;

60.8 (7) allow for and support opportunities for all paths toward recovery and refrain from
60.9 excluding anyone based on their chosen recovery path, which may include but is not limited
60.10 to harm reduction paths, faith-based paths, and nonfaith-based paths;

60.11 (8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color
60.12 communities, including board and staff development activities, organizational practices,
60.13 service offerings, advocacy efforts, and culturally informed outreach and service plans;

60.14 (9) be stewards of recovery-friendly language that is supportive of and promotes recovery
60.15 across diverse geographical and cultural contexts and reduces stigma; ~~and~~

60.16 (10) maintain an employee and volunteer code of ethics and easily accessible grievance
60.17 procedures posted in physical spaces, on websites, or on program policies or forms; ~~and~~

60.18 (11) not classify any recovery peer as an independent contractor.

60.19 (e) Recovery community organizations approved by the commissioner before June 30,
60.20 2023, shall retain their designation as recovery community organizations.

60.21 (f) A recovery community organization that is aggrieved by an accreditation or
60.22 membership determination and believes it meets the requirements under paragraph (d) may
60.23 appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15),
60.24 for reconsideration as an eligible vendor.

60.25 (g) All recovery community organizations must be certified or accredited by an entity
60.26 listed in paragraph (d) by January 1, 2025.

60.27 ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
60.28 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
60.29 nonresidential substance use disorder treatment or withdrawal management program by the
60.30 commissioner or by Tribal government or do not meet the requirements of subdivisions 1a
60.31 and 1b are not eligible vendors.

61.1 ~~(h)~~ (i) Hospitals, federally qualified health centers, and rural health clinics are eligible
61.2 vendors of a comprehensive assessment when the comprehensive assessment is completed
61.3 according to section 245G.05 and by an individual who meets the criteria of an alcohol and
61.4 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor
61.5 must be individually enrolled with the commissioner and reported on the claim as the
61.6 individual who provided the service.

66.5 Sec. 18. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended
66.6 to read:

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

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

66.10 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license
66.11 and provided according to the following ASAM levels of care:

66.12 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,
66.13 subdivision 1, clause (1);

66.14 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,
66.15 subdivision 1, clause (2);

66.16 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
66.17 subdivision 1, clause (3);

66.18 (iv) ASAM level 2.5 partial hospitalization services provided according to section
66.19 254B.19, subdivision 1, clause (4);

66.20 (v) ASAM level 3.1 clinically managed low-intensity residential services provided
66.21 according to section 254B.19, subdivision 1, clause (5);

66.22 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential
66.23 services provided according to section 254B.19, subdivision 1, clause (6); and

66.24 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided
66.25 according to section 254B.19, subdivision 1, clause (7);

66.26 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
66.27 and 245G.05 section 254A.19, subdivision 3;

66.28 (3) treatment coordination services provided according to section 245G.07, subdivision
66.29 1, paragraph (a), clause (5);

66.30 (4) peer recovery support services provided according to section 245G.07, subdivision
66.31 2, clause (8);

67.1 (5) withdrawal management services provided according to chapter 245F;

67.2 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
67.3 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
67.4 144.56;

61.7 Sec. 20. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended
61.8 to read:

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

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

61.12 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license
61.13 and provided according to the following ASAM levels of care: ~~This clause expires when~~
61.14 ~~the services listed in paragraph (c) become eligible substance use disorder treatment services;~~

61.15 ~~(i) ASAM level 0.5 early intervention services provided according to section 254B.19,~~
61.16 ~~subdivision 1, clause (1);~~

61.17 ~~(ii) ASAM level 1.0 outpatient services provided according to section 254B.19,~~
61.18 ~~subdivision 1, clause (2);~~

61.19 ~~(iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,~~
61.20 ~~subdivision 1, clause (3);~~

61.21 ~~(iv) ASAM level 2.5 partial hospitalization services provided according to section~~
61.22 ~~254B.19, subdivision 1, clause (4);~~

61.23 ~~(v) ASAM level 3.1 clinically managed low-intensity residential services provided~~
61.24 ~~according to section 254B.19, subdivision 1, clause (5);~~

61.25 ~~(vi) ASAM level 3.3 clinically managed population-specific high-intensity residential~~
61.26 ~~services provided according to section 254B.19, subdivision 1, clause (6); and~~

61.27 ~~(vii) ASAM level 3.5 clinically managed high-intensity residential services provided~~
61.28 ~~according to section 254B.19, subdivision 1, clause (7);~~

61.29 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
61.30 and 245G.05 section 254A.19, subdivision 3;

62.1 (3) treatment coordination services provided according to section 245G.07, subdivision
62.2 1, paragraph (a), clause (5);

62.3 (4) peer recovery support services provided according to section 245G.07, subdivision
62.4 2, clause (8);

62.5 (5) withdrawal management services provided according to chapter 245F;

62.6 (6) hospital-based treatment services that are licensed according to sections 245G.01 to
62.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
62.8 144.56;

67.5 (7) substance use disorder treatment services with medications for opioid use disorder
67.6 provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17
67.7 and 245G.22, or under an applicable Tribal license;

67.8 ~~(7)~~ (8) adolescent treatment programs that are licensed as outpatient treatment programs
67.9 according to sections 245G.01 to 245G.18 or as residential treatment programs according
67.10 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
67.11 applicable Tribal license;

67.12 ~~(8)~~ (9) ASAM 3.5 clinically managed high-intensity residential services that are licensed
67.13 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which
67.14 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
67.15 and are provided by a state-operated vendor or to clients who have been civilly committed
67.16 to the commissioner, present the most complex and difficult care needs, and are a potential
67.17 threat to the community; and

67.18 ~~(9)~~ (10) room and board facilities that meet the requirements of subdivision 1a.

62.9 (7) substance use disorder treatment services with medications for opioid use disorder
62.10 provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17
62.11 and 245G.22, or under an applicable Tribal license;

62.12 (8) high, medium, and low intensity residential treatment services that are licensed
62.13 according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license which
62.14 provide, respectively, 30, 15, and five hours of clinical services each week. This clause
62.15 expires when the services listed in paragraph (d) become eligible substance use disorder
62.16 treatment services;

62.17 ~~(7)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
62.18 according to sections 245G.01 to 245G.18 or as residential treatment programs according
62.19 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
62.20 applicable tribal license;

62.21 ~~(8)~~ (10) ASAM 3.5 clinically managed high-intensity residential services that are licensed
62.22 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which
62.23 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),
62.24 and are provided by a state-operated vendor or to clients who have been civilly committed
62.25 to the commissioner, present the most complex and difficult care needs, and are a potential
62.26 threat to the community; and

62.27 ~~(9)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

62.28 (c) Beginning January 1, 2025, or upon federal approval, whichever is later, in addition
62.29 to the services listed in paragraph (b), clauses (2) to (11), services licensed, as applicable,
62.30 according to chapter 245G or applicable Tribal license and provided according to the
62.31 following ASAM levels of care are eligible substance use disorder services:

62.32 (1) ASAM level 0.5 early intervention services provided according to section 254B.19,
62.33 subdivision 1, clause (1);

63.1 (2) ASAM level 1.0 outpatient services provided according to section 254B.19,
63.2 subdivision 1, clause (2);

63.3 (3) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,
63.4 subdivision 1, clause (3); and

63.5 (4) ASAM level 2.5 partial hospitalization services provided according to section
63.6 254B.19, subdivision 1, clause (4).

63.7 (d) Beginning January 1, 2026, or upon federal approval, whichever is later, in addition
63.8 to the services listed in paragraph (b), clauses (2) to (11), and paragraph (c), services licensed,
63.9 as applicable, according to chapter 245G or applicable Tribal license and provided according
63.10 to the following ASAM levels of care are eligible substance use disorder services:

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

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

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

67.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
67.24 9503; or

67.25 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

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

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

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

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

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

68.2 (4) programs that offer medical services delivered by appropriately credentialed health
68.3 care staff in an amount equal to ~~two hours~~ one hour per client per week if the medical needs
68.4 of the client and the nature and provision of any medical services provided are documented
68.5 in the client file; or

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

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

68.9 (ii) 25 percent of the counseling staff are licensed mental health professionals under
68.10 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision
68.11 of a licensed alcohol and drug counselor supervisor and mental health professional under
68.12 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health
68.13 staff may be students or licensing candidates with time documented to be directly related

63.11 (1) ASAM level 3.1 clinically managed low-intensity residential services provided
63.12 according to section 254B.19, subdivision 1, clause (5);

63.13 (2) ASAM level 3.3 clinically managed population-specific high-intensity residential
63.14 services provided according to section 254B.19, subdivision 1, clause (6); and

63.15 (3) ASAM level 3.5 clinically managed high-intensity residential services provided
63.16 according to section 254B.19, subdivision 1, clause (7).

63.17 (e) The commissioner shall establish higher rates for programs that meet the requirements
63.18 of paragraph (b) and one of the following additional requirements:

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

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

63.21 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
63.22 9503; or

63.23 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

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

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

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

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

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

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

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

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

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

68.14 ~~to provisions of co-occurring services; (i) the program employs a mental health professional~~
68.15 ~~as defined in section 245I.04, subdivision 2;~~

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

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

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

68.23 ~~(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder~~
68.24 ~~training annually.~~

68.25 ~~(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program~~
68.26 ~~that provides arrangements for off-site child care must maintain current documentation at~~
68.27 ~~the substance use disorder facility of the child care provider's current licensure to provide~~
68.28 ~~child care services.~~

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

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

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

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

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

69.18 ~~(j) A license holder that is unable to provide all residential treatment services because~~
69.19 ~~a client missed services remains eligible to bill for the client's intensity level of services~~

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

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

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

64.21 ~~(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder~~
64.22 ~~training annually.~~

64.23 ~~(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program~~
64.24 ~~that provides arrangements for off-site child care must maintain current documentation at~~
64.25 ~~the substance use disorder facility of the child care provider's current licensure to provide~~
64.26 ~~child care services.~~

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

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

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

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

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

69.20 under this paragraph if the license holder can document the reason the client missed services
69.21 and the interventions done to address the client's absence.

69.22 (k) Hours in a treatment week may be reduced in observance of federally recognized
69.23 holidays.

69.24 **EFFECTIVE DATE.** This section is effective August 1, 2024, except the amendments
69.25 to paragraph (b), clause (1), items (v) to (vii), are effective August 1, 2024, or upon federal
69.26 approval, whichever occurs later. The commissioner of human services shall inform the
69.27 revisor of statutes when federal approval is obtained.

65.15 **EFFECTIVE DATE.** This section is effective August 1, 2024, except the amendments
65.16 to paragraph (b), clause (1), and the amendment adding paragraphs (c) and (d) are effective
65.17 the day following final enactment and the amendment adding paragraph (b), clause (8), is
65.18 effective retroactively from January 1, 2024, with federal approval. The commissioner of
65.19 human services shall notify the revisor of statutes when federal approval is obtained.

65.20 Sec. 21. Minnesota Statutes 2022, section 254B.05, is amended by adding a subdivision
65.21 to read:

65.22 Subd. 6. **Enhanced rate requirements.** The commissioner shall establish higher rates
65.23 for programs that meet the requirements of subdivision 5, paragraphs (b) to (d), and one of
65.24 the following additional requirements:

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

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

65.27 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
65.28 9503; or

65.29 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

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

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

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

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

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

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

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

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

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

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

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

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

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

66.27 **EFFECTIVE DATE.** This section is effective August 1, 2024.

66.28 Sec. 22. Minnesota Statutes 2022, section 254B.05, is amended by adding a subdivision
66.29 to read:

66.30 Subd. 7. **Other rate requirements.** (a) In order to be eligible for a higher rate under
66.31 subdivision 6, clause (1), a program that provides arrangements for off-site child care must
67.1 maintain current documentation at the substance use disorder facility of the child care
67.2 provider's current licensure to provide child care services.

67.3 (b) Adolescent residential programs that meet the requirements of Minnesota Rules,
67.4 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
67.5 in subdivision 6, clause (5), items (i) to (iv).

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

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

69.28 Sec. 19. Minnesota Statutes 2023 Supplement, section 254B.181, subdivision 1, is amended
69.29 to read:

69.30 Subdivision 1. **Requirements.** All sober homes must comply with applicable state laws
69.31 and regulations and local ordinances related to maximum occupancy, fire safety, and
69.32 sanitation. In addition, all sober homes must:

70.1 (1) maintain a supply of an opiate antagonist in the home in a conspicuous location and
70.2 post information on proper use;

70.3 (2) have written policies regarding access to all prescribed medications;

70.4 (3) have written policies regarding evictions;

70.5 (4) return all property and medications to a person discharged from the home and retain
70.6 the items for a minimum of 60 days if the person did not collect them upon discharge. The
70.7 owner must make an effort to contact persons listed as emergency contacts for the discharged
70.8 person so that the items are returned;

70.9 (5) document the names and contact information for persons to contact in case of an
70.10 emergency or upon discharge and notification of a family member, or other emergency

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

67.20 (f) Payment for substance use disorder services under this section must start from the
67.21 day of service initiation, when the comprehensive assessment is completed within the
67.22 required timelines.

67.23 **EFFECTIVE DATE.** This section is effective August 1, 2024.

67.24 Sec. 23. Minnesota Statutes 2022, section 254B.12, subdivision 3, is amended to read:

67.25 Subd. 3. **Substance use disorder provider rate increase.** For the eligible substance
67.26 use disorder services listed in section 254B.05, subdivision 5, and provided on or after July
67.27 1, 2017, payment rates shall be increased by one percent over the rates in effect on January
67.28 1, 2017, for vendors who meet the requirements of section 254B.05.

67.29 Sec. 24. Minnesota Statutes 2022, section 254B.12, subdivision 4, is amended to read:

67.30 Subd. 4. **Culturally specific or culturally responsive program and disability**
67.31 **responsive program provider rate increase.** For the eligible substance use disorder services
67.32 listed in section 254B.05, subdivision 5, provided by programs that meet the requirements
68.1 of section 254B.05, subdivision 5, ~~paragraph (e)~~ 6, clauses (1), (2), and (3), on or after
68.2 January 1, 2022, payment rates shall increase by five percent over the rates in effect on
68.3 January 1, 2021. The commissioner shall increase prepaid medical assistance capitation
68.4 rates as appropriate to reflect this increase.

68.5 Sec. 25. Minnesota Statutes 2023 Supplement, section 254B.181, subdivision 1, is amended
68.6 to read:

68.7 Subdivision 1. **Requirements.** All sober homes must comply with applicable state laws
68.8 and regulations and local ordinances related to maximum occupancy, fire safety, and
68.9 sanitation. In addition, all sober homes must:

68.10 (1) maintain a supply of an opiate antagonist in the home in a conspicuous location and
68.11 post information on proper use;

68.12 (2) have written policies regarding access to all prescribed medications;

68.13 (3) have written policies regarding evictions;

68.14 (4) return all property and medications to a person discharged from the home and retain
68.15 the items for a minimum of 60 days if the person did not collect them upon discharge. The
68.16 owner must make an effort to contact persons listed as emergency contacts for the discharged
68.17 person so that the items are returned;

68.18 (5) document the names and contact information for persons to contact in case of an
68.19 emergency or upon discharge and notification of a family member, or other emergency

70.11 contact designated by the resident under certain circumstances, including but not limited to
70.12 death due to an overdose;

70.13 (6) maintain contact information for emergency resources in the community to address
70.14 mental health and health emergencies;

70.15 (7) have policies on staff qualifications and prohibition against fraternization;

70.16 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~
70.17 permit residents to use, as directed by a licensed prescriber, one or more legally prescribed
70.18 and dispensed or administered pharmacotherapies approved by the United States Food and
70.19 Drug Administration for the treatment of opioid use disorder and other nonaddictive
70.20 medications approved by the United States Food and Drug Administration to treat
70.21 co-occurring substance use disorders and mental health conditions;

70.22 (9) have a fee schedule and refund policy;

70.23 (10) have rules for residents;

70.24 (11) have policies that promote resident participation in treatment, self-help groups, or
70.25 other recovery supports;

70.26 (12) have policies requiring abstinence from alcohol and illicit drugs; and

70.27 (13) distribute the sober home bill of rights.

71.1 Sec. 20. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended
71.2 to read:

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

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

71.11 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
71.12 week of skilled treatment services and adolescents must receive up to five hours per week.
71.13 Services must be licensed according to section 245G.20 and meet requirements under section

68.20 contact designated by the resident under certain circumstances, including but not limited to
68.21 death due to an overdose;

68.22 (6) maintain contact information for emergency resources in the community to address
68.23 mental health and health emergencies;

68.24 (7) have policies on staff qualifications and prohibition against fraternization;

68.25 (8) ~~have a policy on whether the use of medications for opioid use disorder is permissible~~
68.26 permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed
68.27 or administered pharmacotherapies approved by the United States Food and Drug
68.28 Administration for the treatment of opioid use disorder;

68.29 (9) permit residents to use, as directed by a licensed prescriber, legally prescribed and
68.30 dispensed or administered pharmacotherapies approved by the United States Food and Drug
68.31 Administration to treat co-occurring substance use disorders and mental health conditions;

68.32 ~~(9)~~ (10) have a fee schedule and refund policy;

69.1 ~~(10)~~ (11) have rules for residents;

69.2 ~~(11)~~ (12) have policies that promote resident participation in treatment, self-help groups,
69.3 or other recovery supports;

69.4 ~~(12)~~ (13) have policies requiring abstinence from alcohol and illicit drugs; and

69.5 ~~(13)~~ (14) distribute the sober home bill of rights.

69.6 **EFFECTIVE DATE.** This section is effective January 1, 2025, except clause (9) is
69.7 effective June 1, 2026.

69.8 Sec. 26. Minnesota Statutes 2023 Supplement, section 254B.19, subdivision 1, is amended
69.9 to read:

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

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

69.18 (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per
69.19 week of skilled treatment services and adolescents must receive up to five hours per week.
69.20 Services must be licensed according to section 245G.20 and meet requirements under section

71.14 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
71.15 skilled treatment service hours allowable per week.

71.16 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
71.17 per week of skilled treatment services and adolescents must receive six or more hours per
71.18 week. Vendors must be licensed according to section 245G.20 and must meet requirements
71.19 under section 256B.0759. Peer recovery services and treatment coordination may be provided
71.20 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated
71.21 on the client's treatment plan, this service may be provided in conjunction with room and
71.22 board according to section 254B.05, subdivision 1a.

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

71.30 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs
71.31 must provide ~~at least 5~~ between nine and 19 hours of skilled treatment services per week
71.32 according to each client's specific treatment schedule, as directed by the individual treatment
71.33 plan. Programs must be licensed according to section 245G.20 and must meet requirements
71.34 under section 256B.0759.

72.1 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
72.2 clients, programs must be licensed according to section 245G.20 and must meet requirements
72.3 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
72.4 be enrolled as a disability responsive program as described in section 254B.01, subdivision
72.5 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
72.6 impairment so significant, and the resulting level of impairment so great, that outpatient or
72.7 other levels of residential care would not be feasible or effective. Programs must provide;
72.8 ~~at a minimum, daily skilled treatment services seven days a~~ 20 or more hours of skilled
72.9 treatment services per week according to each client's specific treatment schedule, as directed
72.10 by the individual treatment plan.

72.11 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
72.12 must be licensed according to section 245G.20 and must meet requirements under section
72.13 256B.0759. Programs must have 24-hour staffing coverage and provide, ~~at a minimum,~~
72.14 ~~daily skilled treatment services seven days a~~ 20 or more hours of skilled treatment services
72.15 per week according to each client's specific treatment schedule, as directed by the individual
72.16 treatment plan.

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

69.21 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly
69.22 skilled treatment service hours allowable per week.

69.23 (3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours
69.24 per week of skilled treatment services and adolescents must receive six or more hours per
69.25 week. Vendors must be licensed according to section 245G.20 and must meet requirements
69.26 under section 256B.0759. Peer recovery services and treatment coordination may be provided
69.27 beyond the hourly skilled treatment service hours allowable per week. If clinically indicated
69.28 on the client's treatment plan, this service may be provided in conjunction with room and
69.29 board according to section 254B.05, subdivision 1a.

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

70.5 (5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs
70.6 must provide ~~at least 5~~ between nine and 19 hours of skilled treatment services per week
70.7 according to each client's specific treatment schedule, as directed by the individual treatment
70.8 plan. Programs must be licensed according to section 245G.20 and must meet requirements
70.9 under section 256B.0759.

70.10 (6) For ASAM level 3.3 clinically managed population-specific high-intensity residential
70.11 clients, programs must be licensed according to section 245G.20 and must meet requirements
70.12 under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must
70.13 be enrolled as a disability responsive program as described in section 254B.01, subdivision
70.14 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive
70.15 impairment so significant, and the resulting level of impairment so great, that outpatient or
70.16 other levels of residential care would not be feasible or effective. Programs must provide;
70.17 ~~at a minimum, daily skilled treatment services seven days a~~ 20 or more hours of skilled
70.18 treatment services per week according to each client's specific treatment schedule, as directed
70.19 by the individual treatment plan.

70.20 (7) For ASAM level 3.5 clinically managed high-intensity residential clients, services
70.21 must be licensed according to section 245G.20 and must meet requirements under section
70.22 256B.0759. Programs must have 24-hour staffing coverage and provide, ~~at a minimum,~~
70.23 ~~daily skilled treatment services seven days a~~ 20 or more hours of skilled treatment services
70.24 per week according to each client's specific treatment schedule, as directed by the individual
70.25 treatment plan.

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

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

72.21 EFFECTIVE DATE. This section is effective upon federal approval. The commissioner
72.22 of human services shall notify the revisor of statutes when federal approval has been obtained.

72.23 Sec. 21. Minnesota Statutes 2023 Supplement, section 256B.0759, subdivision 2, is
72.24 amended to read:

72.25 Subd. 2. **Provider participation.** (a) Programs licensed by the Department of Human
72.26 Services as nonresidential substance use disorder treatment programs that receive payment
72.27 under this chapter must enroll as demonstration project providers and meet the requirements
72.28 of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this
72.29 paragraph are ineligible for payment for services provided under section 256B.0625.

72.30 (b) Programs licensed by the Department of Human Services as residential treatment
72.31 programs according to section 245G.21 that receive payment under this chapter must enroll
72.32 as demonstration project providers and meet the requirements of subdivision 3 by January
73.1 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
73.2 payment for services provided under section 256B.0625.

73.3 (c) Programs licensed by the Department of Human Services as residential treatment
73.4 programs according to section 245G.21 that receive payment under this chapter ~~and~~ are
73.5 licensed as a hospital under sections 144.50 to 144.581 ~~must~~, and provide only ASAM 3.7
73.6 medically monitored inpatient level of care are not required to enroll as demonstration
73.7 project providers ~~and meet the requirements of subdivision 3 by January 1, 2025.~~ Programs
73.8 meeting these criteria must submit evidence of providing the required level of care to the
73.9 commissioner to be exempt from enrolling in the demonstration.

73.10 (d) Programs licensed by the Department of Human Services as withdrawal management
73.11 programs according to chapter 245F that receive payment under this chapter must enroll as
73.12 demonstration project providers and meet the requirements of subdivision 3 by January 1,
73.13 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment
73.14 for services provided under section 256B.0625.

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

73.19 (f) Tribally licensed programs may elect to participate in the demonstration project and
73.20 meet the requirements of subdivision 3. The Department of Human Services must consult
73.21 with Tribal Nations to discuss participation in the substance use disorder demonstration
73.22 project.

73.23 (g) The commissioner shall allow providers enrolled in the demonstration project before
73.24 July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for

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

70.30 EFFECTIVE DATE. This section is effective upon federal approval. The commissioner
70.31 of human services shall notify the revisor of statutes when federal approval has been obtained.

71.1 Sec. 27. Minnesota Statutes 2023 Supplement, section 256B.0759, subdivision 2, is
71.2 amended to read:

71.3 Subd. 2. **Provider participation.** (a) Programs licensed by the Department of Human
71.4 Services as nonresidential substance use disorder treatment programs that receive payment
71.5 under this chapter must enroll as demonstration project providers and meet the requirements
71.6 of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this
71.7 paragraph are ineligible for payment for services provided under section 256B.0625.

71.8 (b) Programs licensed by the Department of Human Services as residential treatment
71.9 programs according to section 245G.21 that receive payment under this chapter must enroll
71.10 as demonstration project providers and meet the requirements of subdivision 3 by January
71.11 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for
71.12 payment for services provided under section 256B.0625.

71.13 (c) Programs licensed by the Department of Human Services as residential treatment
71.14 programs according to section 245G.21 that receive payment under this chapter ~~and~~ are
71.15 licensed as a hospital under sections 144.50 to 144.581 ~~must~~, and provide only ASAM 3.7
71.16 medically monitored inpatient level of care are not required to enroll as demonstration
71.17 project providers ~~and meet the requirements of subdivision 3 by January 1, 2025.~~ Programs
71.18 meeting these criteria must submit evidence of providing the required level of care to the
71.19 commissioner to be exempt from enrolling in the demonstration.

71.20 (d) Programs licensed by the Department of Human Services as withdrawal management
71.21 programs according to chapter 245F that receive payment under this chapter must enroll as
71.22 demonstration project providers and meet the requirements of subdivision 3 by January 1,
71.23 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment
71.24 for services provided under section 256B.0625.

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

71.29 (f) Tribally licensed programs may elect to participate in the demonstration project and
71.30 meet the requirements of subdivision 3. The Department of Human Services must consult
71.31 with Tribal Nations to discuss participation in the substance use disorder demonstration
71.32 project.

71.33 (g) The commissioner shall allow providers enrolled in the demonstration project before
71.34 July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for

73.25 all services provided on or after the date of enrollment, except that the commissioner shall
73.26 allow a provider to receive applicable rate enhancements authorized under subdivision 4
73.27 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after
73.28 January 1, 2021, to managed care enrollees, if the provider meets all of the following
73.29 requirements:

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

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

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

74.6 Sec. 22. Minnesota Statutes 2022, section 256B.0759, subdivision 4, is amended to read:

74.7 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
74.8 be increased for services provided to medical assistance enrollees. To receive a rate increase,
74.9 participating providers must meet demonstration project requirements and provide evidence
74.10 of formal referral arrangements with providers delivering step-up or step-down levels of
74.11 care. Providers that have enrolled in the demonstration project but have not met the provider
74.12 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
74.13 this subdivision until the date that the provider meets the provider standards in subdivision
74.14 3. Services provided from July 1, 2022, to the date that the provider meets the provider
74.15 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
74.16 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
74.17 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
74.18 when the provider is taking meaningful steps to meet demonstration project requirements
74.19 that are not otherwise required by law, and the provider provides documentation to the
74.20 commissioner, upon request, of the steps being taken.

74.21 (b) The commissioner may temporarily suspend payments to the provider according to
74.22 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
74.23 in paragraph (a). Payments withheld from the provider must be made once the commissioner
74.24 determines that the requirements in paragraph (a) are met.

74.25 ~~(e) For substance use disorder services under section 254B.05, subdivision 5, paragraph~~
74.26 ~~(b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25~~
74.27 ~~percent over the rates in effect on December 31, 2019.~~

74.28 ~~(d)~~ (c) For outpatient individual and group substance use disorder services under section
74.29 254B.05, subdivision 5, paragraph (b), ~~clauses clause (1), (6), and (7),~~ and adolescent
74.30 treatment programs that are licensed as outpatient treatment programs according to sections

72.1 all services provided on or after the date of enrollment, except that the commissioner shall
72.2 allow a provider to receive applicable rate enhancements authorized under subdivision 4
72.3 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after
72.4 January 1, 2021, to managed care enrollees, if the provider meets all of the following
72.5 requirements:

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

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

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

72.14 Sec. 28. Minnesota Statutes 2022, section 256B.0759, subdivision 4, is amended to read:

72.15 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
72.16 be increased for services provided to medical assistance enrollees. To receive a rate increase,
72.17 participating providers must meet demonstration project requirements and provide evidence
72.18 of formal referral arrangements with providers delivering step-up or step-down levels of
72.19 care. Providers that have enrolled in the demonstration project but have not met the provider
72.20 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
72.21 this subdivision until the date that the provider meets the provider standards in subdivision
72.22 3. Services provided from July 1, 2022, to the date that the provider meets the provider
72.23 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
72.24 subdivision 5, ~~paragraph paragraphs (b) to (d).~~ Rate increases paid under this subdivision
72.25 to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject
72.26 to recoupment when the provider is taking meaningful steps to meet demonstration project
72.27 requirements that are not otherwise required by law, and the provider provides documentation
72.28 to the commissioner, upon request, of the steps being taken.

72.29 (b) The commissioner may temporarily suspend payments to the provider according to
72.30 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
72.31 in paragraph (a). Payments withheld from the provider must be made once the commissioner
72.32 determines that the requirements in paragraph (a) are met.

73.1 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
73.2 (b), ~~clause (8)~~ (10), provided on or after July 1, 2020, payment rates must be increased by
73.3 25 percent over the rates in effect on December 31, 2019.

73.4 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph
73.5 (b), ~~clauses (1), (6), and (7), and paragraphs (c) and (d),~~ and adolescent treatment programs
73.6 that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18,

74.31 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased
74.32 by 20 percent over the rates in effect on December 31, 2020.

75.1 ~~(e)~~ (d) Effective January 1, 2021, and contingent on annual federal approval, managed
75.2 care plans and county-based purchasing plans must reimburse providers of the substance
75.3 use disorder services meeting the criteria described in paragraph (a) who are employed by
75.4 or under contract with the plan an amount that is at least equal to the fee-for-service base
75.5 rate payment for the substance use disorder services described in ~~paragraphs~~ paragraph (c)
75.6 ~~and (d)~~. The commissioner must monitor the effect of this requirement on the rate of access
75.7 to substance use disorder services and residential substance use disorder rates. Capitation
75.8 rates paid to managed care organizations and county-based purchasing plans must reflect
75.9 the impact of this requirement. This paragraph expires if federal approval is not received
75.10 at any time as required under this paragraph.

75.11 ~~(f)~~ (e) Effective July 1, 2021, contracts between managed care plans and county-based
75.12 purchasing plans and providers to whom paragraph ~~(e)~~ (d) applies must allow recovery of
75.13 payments from those providers if, for any contract year, federal approval for the provisions
75.14 of paragraph ~~(e)~~ (d) is not received, and capitation rates are adjusted as a result. Payment
75.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
75.16 provision.

75.17 (f) For substance use disorder services with medications for opioid use disorder under
75.18 section 254B.05, subdivision 5, clause (7), provided on or after January 1, 2021, payment
75.19 rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon
75.20 implementation of new rates according to section 254B.121, the 20 percent increase will
75.21 no longer apply.

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

75.23 Sec. 23. Laws 2021, First Special Session chapter 7, article 11, section 38, as amended
75.24 by Laws 2022, chapter 98, article 4, section 50, is amended to read:

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

75.27 (a) The commissioner of human services, in consultation with counties, tribes, managed
75.28 care organizations, substance use disorder treatment professional associations, and other
75.29 relevant stakeholders, shall develop, assess, and recommend systems improvements to
75.30 minimize regulatory paperwork and improve systems for substance use disorder programs
75.31 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
75.32 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
76.1 of human services shall make available any resources needed from other divisions within
76.2 the department to implement systems improvements.

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

73.7 provided on or after January 1, 2021, payment rates must be increased by 20 percent over
73.8 the rates in effect on December 31, 2020.

73.9 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
73.10 plans and county-based purchasing plans must reimburse providers of the substance use
73.11 disorder services meeting the criteria described in paragraph (a) who are employed by or
73.12 under contract with the plan an amount that is at least equal to the fee-for-service base rate
73.13 payment for the substance use disorder services described in paragraphs (c) and (d). The
73.14 commissioner must monitor the effect of this requirement on the rate of access to substance
73.15 use disorder services and residential substance use disorder rates. Capitation rates paid to
73.16 managed care organizations and county-based purchasing plans must reflect the impact of
73.17 this requirement. This paragraph expires if federal approval is not received at any time as
73.18 required under this paragraph.

73.19 (f) Effective July 1, 2021, contracts between managed care plans and county-based
73.20 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
73.21 payments from those providers if, for any contract year, federal approval for the provisions
73.22 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
73.23 recoveries must not exceed the amount equal to any decrease in rates that results from this
73.24 provision.

73.25 Sec. 29. Laws 2021, First Special Session chapter 7, article 11, section 38, as amended
73.26 by Laws 2022, chapter 98, article 4, section 50, is amended to read:

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

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73.31 relevant stakeholders, shall develop, assess, and recommend systems improvements to
73.32 minimize regulatory paperwork and improve systems for substance use disorder programs
73.33 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
74.1 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
74.2 of human services shall make available any resources needed from other divisions within
74.3 the department to implement systems improvements.

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

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

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

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

76.17 (f) ~~Within two years of contracting with a qualified vendor according to paragraph (d)~~
76.18 By December 15, 2024, the commissioner of human services shall take steps to implement
76.19 paperwork reductions and systems improvements within the commissioner's authority and
76.20 submit to the chairs and ranking minority members of the legislative committees with
76.21 jurisdiction over health and human services a report that includes recommendations for
76.22 changes in statutes that would further enhance systems improvements to reduce paperwork.
76.23 The report shall include a summary of the approaches developed and assessed by the
76.24 commissioner of human services and stakeholders and the results of any assessments
76.25 conducted.

76.26 Sec. 24. **REPEALER.**

76.27 Minnesota Statutes 2022, section 245G.22, subdivisions 4 and 7, are repealed.

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

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

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

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74.23 changes in statutes that would further enhance systems improvements to reduce paperwork.
74.24 The report shall include a summary of the approaches developed and assessed by the
74.25 commissioner of human services and stakeholders and the results of any assessments
74.26 conducted.

74.27 Sec. 30. **REPEALER.**

74.28 Minnesota Statutes 2022, section 245G.22, subdivisions 4 and 7, are repealed.