ARTICLE 4

SUBSTANCE USE DISORDER SERVICES

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

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

1. received a bachelor's or master's degree from an accredited school or educational program; and
2. received 18 semester credits or 270 clock hours of academic course work and 880 clock hours of supervised alcohol and drug counseling practicum from an accredited school or education program. The course work and practicum do not have to be part of the bachelor's degree earned under clause (1). The academic course work must be in the following areas:
   i. an overview of the transdisciplinary foundations of alcohol and drug counseling, including theories of chemical dependency, the continuum of care, and the process of change;
   ii. pharmacology of substance abuse disorders and the dynamics of addiction, including substance use disorder treatment with medications for opioid use disorder;
   iii. professional and ethical responsibilities;
   iv. multicultural aspects of chemical dependency;
   v. co-occurring disorders; and
   vi. the core functions defined in section 148F.01, subdivision 10.

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 5. Minnesota Statutes 2022, section 245F.02, subdivision 17, is amended to read:

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

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

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

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

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

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

Subd. 3. Peer recovery support services. (a) Peers in recovery serve as mentors or recovery support partners for individuals in recovery, and may provide encouragement.
Peer recovery support services are provided by a recovery peer and must be supervised by the responsible staff person.

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

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

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

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

(1) be at least 21 years of age and have a high school diploma or its equivalent;
(2) have a minimum of one year in recovery from substance use disorder;
(3) have completed a curriculum designated by the commissioner that teaches specific skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support; and
(4) receive supervision in areas specific to the domains of their role by qualified supervisory staff.

(1) meet the qualifications in section 245I.04, subdivision 18; and
(2) provide services according to the scope of practice established in section 245I.04, subdivision 19, under the supervision of an alcohol and drug counselor.

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

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

Subd. 2. Qualifying accreditation; determination of same and similar standards. (a) The commissioner must accept a qualifying accreditation from an accrediting body listed in paragraph (c) after determining, in consultation with the accrediting body and license holders, which of the accrediting body's standards are the same as or similar to the licensing requirements in this chapter. In determining whether standards of an accrediting body are the same as or similar to licensing requirements under this chapter, the commissioner shall give due consideration to the existence of a standard that aligns in whole or in part to a licensing standard.

(b) Upon request by a license holder, the commissioner may allow the accrediting body to monitor for compliance with licensing requirements under this chapter that are determined to be neither the same as nor similar to those of the accrediting body.
(c) For purposes of this section, "accrediting body" means The Joint Commission.

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

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

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

(1) risks for opioid use disorder and dependence;
(2) treatment options, including the use of a medication for opioid use disorder;
(3) the risk and recognition of opioid overdose; and
(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.

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

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

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

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

(1) a diagnosis of a substance use disorder or a finding that the client does not meet the criteria for a substance use disorder;
(2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245G.4863;
(3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and
(4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1.

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

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

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

(1) risks for opioid use disorder and dependence;
(2) treatment options, including the use of a medication for opioid use disorder;
(3) the risk and recognition of opioid overdose; and
(4) the use, availability, and administration of an opiate antagonist to respond to opioid overdose.

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

**EFFECTIVE DATE.** This section is effective January 1, 2025.
risks for opioid use disorder and dependence; If the client is identified as having opioid use disorder at a later point, the required educational material must be provided at that point. The license holder must use the educational materials that are approved by the commissioner to comply with this requirement.

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

Sec. 10. Minnesota Statutes 2023 Supplement, section 245G.11, subdivision 10, is amended to read:

Subd. 10. Student interns and former students. (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern.

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

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

Subd. 11. Student interns and former students. (a) A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, individual treatment plan, and treatment plan review prepared by a student intern.

EFFECTIVE DATE. This section is effective January 1, 2025.
An alcohol and drug counselor must supervise and be responsible for a treatment program, and is currently registered with the Drug Enforcement Administration to order or dispense "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (b) An alcohol and drug counselor must supervise and be responsible for a treatment program, and is currently registered with the Drug Enforcement Administration to order or dispense "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (b) An alcohol and drug counselor must supervise and be responsible for a treatment program, and is currently registered with the Drug Enforcement Administration to order or dispense "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (b) An alcohol and drug counselor must supervise and be responsible for a treatment program, and is currently registered with the Drug Enforcement Administration to order or dispense "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. (b) An alcohol and drug counselor must supervise and be responsible for a treatment program, and is currently registered with the Drug Enforcement Administration to order or dispense "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder. "Diversion" means the use of a medication for the treatment of opioid addiction being diverted from intended use of the medication. "Guest dose" means administration of a medication used for the treatment of opioid addiction to a person who is not a client of the program that is administering or dispensing the medication. "Medical director" means a practitioner licensed to practice medicine in the jurisdiction that the opioid treatment program is located who assumes responsibility for administering all medical services performed by the program, either by performing the services directly or by delegating specific responsibility to a practitioner of the opioid treatment program. "Medication used for the treatment of opioid use disorder" means a medication approved by the Food and Drug Administration for the treatment of opioid use disorder.
Sec. 10. Minnesota Statutes 2022, section 245G.22, subdivision 6, is amended to read:

(a) A license holder must develop and maintain the subdivision. Any client in an opioid treatment program may receive reasonable assurance that unsupervised use medication will be safely stored within the clinic, if the clinic is closed for business, including one weekend day and state and federal holidays. Individualized unsupervised use doses are ordered for days that the clinic is closed for business, including one weekend day and state and federal holidays. Individualized unsupervised use doses as ordered for days that the clinic is closed for business, including one weekend day and state and federal holidays.

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

The criteria are:

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

(2) regularity of program attendance;

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

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

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

(6) length of time in comprehensive maintenance treatment;

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

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

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

Subd. 6. Criteria for unsupervised use. (a) To limit the potential for diversion of medication used for the treatment of opioid use disorder to the illicit market, medication dispensed to a client for unsupervised use shall be subject to the requirements of this subdivision. Any client in an opioid treatment program may receive a single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays. Individualized unsupervised use doses are ordered for days that the clinic is closed for business, including one weekend day and state and federal holidays.

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

The criteria are:

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

(2) regularity of program attendance;

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

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

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

(6) length of time in comprehensive maintenance treatment;

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

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

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

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

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

(b) For a program that is not open every day of the year, the license holder must maintain a policy and procedure that covers requirements under section 245G.22, subdivision 6 and.
standards of the license holder's accreditation agency and may issue licensing actions to reduce the possibility of diversion. The policy and procedure must:

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

- (2) include a process for contacting no less than five percent of clients who have unsupervised use of medication, excluding clients approved solely under subdivision 6, paragraph (a), to require clients to physically return to the program each month.

The policy and procedure must require clients to return to the program within a stipulated time frame and turn in all unused medication containers related to opioid use disorder treatment. The license holder must document all related contacts on a central log and the outcome of the contact for each client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified.

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

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

- (f) Notwithstanding paragraph (e), from July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may continue to serve a client who was receiving services at the program on June 30, 2024, as a counselor to-client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified.

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

- (f) Notwithstanding paragraph (e), from July 1, 2023, to June 30, 2024, a counselor in an opioid treatment program may supervise up to 60 clients. The license holder may continue to serve a client who was receiving services at the program on June 30, 2024, as a counselor to-client ratio of up to one to 60 and is not required to discharge any clients in order to return to the counselor to client ratio of one to 50. The license holder may not, however, serve a client in the client's record. The medical director must be informed of each outcome that results in a situation in which a possible diversion issue was identified.

- (d) Medication used for the treatment of opioid use disorder must be ordered, administered, and dispensed according to applicable state and federal regulations and the standards set by applicable accreditation entities. If a medication order requires assessment by the person administering or dispensing the medication to determine the amount to be administered or dispensed, the assessment must be completed by an individual whose professional scope of practice permits an assessment. For the purposes of enforcement of this paragraph, the commissioner has the authority to monitor the person administering or dispensing the medication for compliance with state and federal regulations and the relevant standards of the license holder's accreditation agency and may issue licensing actions according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's determination of noncompliance.
new client after June 30, 2024, unless the counselor who would supervise the new client is supervising fewer than 50 existing clients.

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

Sec. 12. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 18, is amended to read:

Subd. 18. Recovery peer qualifications.
(a) A recovery peer must:
(1) have a minimum of one year in recovery from substance use disorder; and
(2) hold a current credential from the Minnesota Certification Board, the Upper Midwest Indian Council on Addictive Disorders, or the National Association for Alcoholism and Drug Abuse Counselors that demonstrates skills and training in the domains of ethics and boundaries, advocacy, mentoring and education, and recovery and wellness support.
(b) A recovery peer who receives a credential from a Tribal Nation when providing peer recovery support services in a tribally licensed program satisfies the requirement in paragraph (a), clause (2).
(c) A recovery peer must not be classified as an independent contractor.

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

Subd. 3. Comprehensive assessments.
(a) An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall recommend the nature, intensity level, and duration of treatment service if a need for services is indicated, but the individual assessed can access any enrolled provider that is licensed to provide the level of service authorized, including the provider or program that completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.
(b) When a comprehensive assessment is completed while the individual is in a substance use disorder treatment program, the comprehensive assessment must meet the requirements of section 245G.05.
(c) When a comprehensive assessment is completed for purposes of payment under section 245B.05, subdivision 1, paragraphs (b), (c), or (h), or if the assessment is completed prior to service initiation by a licensed substance use disorder treatment program licensed under chapter 245G or applicable Tribal license, the assessor must:
(1) include all components under section 245G.05, subdivision 3;
(2) provide the assessment within five days of request or refer the individual to other locations where they may access this service sooner.
54.15 (3) provide information on payment options for substance use disorder services when
the individual is uninsured or underinsured;

54.16 (4) provide the individual with a notice of privacy practices;

54.17 (5) provide a copy of the completed comprehensive assessment, upon request;

54.18 (6) provide resources and contact information for the level of care being recommended;

54.19 and

54.20 (7) provide an individual diagnosed with an opioid use disorder with educational material
approved by the commissioner that contains information on:

54.21 (i) risks for opioid use disorder and opioid dependence;

54.22 (ii) treatment options, including the use of a medication for opioid use disorder;

54.23 (iii) the risk and recognition of opioid overdose; and

54.24 (iv) the use, availability, and administration of an opiate antagonist to respond to opioid
overdose.

Sec. 14. Minnesota Statutes 2022, section 254B.03, subdivision 4, is amended to read:

Subd. 4. Division of costs. (a) Except for services provided by a county under section
254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
of local money, pay the state for 22.95 percent of the cost of substance use disorder services,
except for those services provided to persons enrolled in medical assistance under chapter
256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
clause (12). Counties may use the indigent hospitalization levy for treatment and hospital
payments made under this section.

(b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
for the cost of payment and collections, must be distributed to the county that paid for a
portion of the treatment under this section.

Sec. 15. Minnesota Statutes 2023 Supplement, section 254B.04, subdivision 1a, is amended
to read:

Subd. 1a. Client eligibility. (a) Persons eligible for benefits under Code of Federal
Regulations, title 25, part 20, who meet the income standards of section 256B.056,
subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
fund services. State money appropriated for this paragraph must be placed in a separate
account established for this purpose.

(b) Persons with dependent children who are determined to be in need of substance use
disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in
need of chemical dependency treatment pursuant to a case plan under section 260C.201,
subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment
services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.

(c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (4).

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

(1) is eligible for MFIP as determined under chapter 256J;
(2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150;
(3) is eligible for general assistance, general assistance medical care, or work readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or
(4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7.

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

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

(1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or
(2) has an available third-party payment source that will pay the total cost of the client's treatment.

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

(1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or
(2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04.
When a county commits a client under chapter 254B.05, subdivision 5 in order to be assigned to services with a room and board component reimbursed under this section, the date of (i) the client’s birth or adoptive parents; and (ii) the client’s siblings who are minors; and for substance use disorder services and the client is ineligible for the behavioral health fund, section 254B.04, subdivision 1a, with the income calculated prospectively for one year from (ii) the client’s birth or adoptive parents; and (iii) the client’s siblings who are minors; and for substance use disorder treatment, unless the minor child is responsible for payment under section 144.347 for substance use disorder treatment services sought under section 144.343, clause (12), must score at level 4 on assessment dimensions related to readiness to change, relapse, continued use, or recovery environment in order to be assigned to services with a room and board component reimbursed under this section. Whether a treatment facility has been designated an institution for mental diseases under United States Code, title 42, shall not be a factor in making placements.

The local agency shall determine the client’s income, the size of the client’s household, the availability of a third-party payment source, and a responsible relative’s ability to pay for the client’s substance use disorder treatment. To determine a client’s eligibility, the local agency shall pay for eligible clients by the commissioner unless the local agency has a reasonable basis for believing that the information submitted on a form is false. To determine a client’s eligibility, the local agency must determine the client’s household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client’s birth or adoptive parents; and (iii) the client’s siblings who are minors; and (b) when a county commits a client under chapter 253B to a regional treatment center for substance use disorder services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to section 254B.05, subdivision 4.

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

The local agency shall determine the client’s income, the size of the client’s household, the availability of a third-party payment source, and a responsible relative’s ability to pay for the client’s substance use disorder treatment. To determine a client’s eligibility, the local agency shall pay for eligible clients by the commissioner unless the local agency has a reasonable basis for believing that the information submitted on a form is false. To determine a client’s eligibility, the local agency must determine the client’s household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client’s birth or adoptive parents; and (iii) the client’s siblings who are minors; and
if the client is an adult, the household size includes the following persons living in the same dwelling unit:

(i) the client;

(ii) the client's spouse;

(iii) the client's minor children; and

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

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

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

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

(f) The local agency shall require the client and policyholder to conditionally assign to the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of co-payment.

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

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

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

Subd. 6a. Span of eligibility. The local agency must enter the financial eligibility span within five business days of a request. If the comprehensive assessment is completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date services were initiated. If the comprehensive assessment is not completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date the comprehensive assessment was completed.
Sec. 19. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended to read:

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

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

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

(d) A recovery community organization that meets the requirements of clauses (1) to (6) and meets membership certification or accreditation requirements of the Association of Recovery Community Organizations, Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery community organization identified by the commissioner is an eligible vendor of peer support services. Eligible vendors under this paragraph must:

(1) be nonprofit organizations;
(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;
(3) primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus;
(4) be grassroots and reflective of and engaged with the community served;
(5) be accountable to the recovery community through processes that promote the involvement and engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;
provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building groups, and harm-reduction activities;

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

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

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

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

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

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

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

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

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

(i) Hospitals, federally qualified health centers, and rural health clinics are eligible vendors of a comprehensive assessment when the comprehensive assessment is completed according to section 245G.05 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reported on the claim as the individual who provided the service.
Sec. 20. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended to read:

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

(b) Eligible substance use disorder treatment services include:

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

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

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

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

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

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

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

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

(3) treatment coordination services provided according to section 254G.07, subdivision 1, paragraph (a), clause (5);

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

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

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

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

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

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

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

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

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

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

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

(8) rates for substance use disorder services and service enhancements funded under this chapter.

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

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

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

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

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

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

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

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

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

(3) treatment coordination services provided according to section 254G.07, subdivision 1, paragraph (a), clause (5);

(4) peer recovery support services provided according to section 254G.07, subdivision 2, clause (8);

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

(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to 144.56;
(7) substance use disorder treatment services with medications for opioid use disorder provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17 and 245G.22, or under an applicable Tribal license;

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

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

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

room and board facilities that meet the requirements of subdivision 1a.
(1) ASAM level 3.3 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); or
(2) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and
(3) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);

- The commissioner shall establish higher rates for programs that meet the requirements of paragraph (b) and one of the following additional requirements:
  - (1) programs that serve parents with their children if the program: (i) provides on-site child care during the hours of treatment activity; (ii) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or
  - (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as: (A) a child care center under Minnesota Rules, chapter 9503; or
  - (B) a family child care home under Minnesota Rules, chapter 9502;
  - (2) culturally specific or culturally responsive programs as defined in section 245B.01, subdivision 4b;
  - (3) disability responsive programs as defined in section 245B.01, subdivision 4b;
  - (4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to one hour per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or
  - (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if: (i) the program meets the co-occurring requirements in section 245G.20;
  - (ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services.
in provisions of co-occurring services; (ii) the program employs a mental health professional
as defined in section 245L.04; subdivision 2;

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

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

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

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

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

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

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

(g) For the purpose of reimbursement under this section, substance use disorder treatment
services provided in a group setting without a group participant maximum or maximum
client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.

At least one of the attending staff must meet the qualifications as established under this
chapter for the type of treatment service provided. A recovery peer may not be included as
part of the staff ratio.

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

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

(j) A license holder that is unable to provide all residential treatment services because
a client missed services remains eligible to bill for the client's intensity level of services
under this paragraph if the license holder can document the reason the client missed services and the interventions done to address the client's absence.

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

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

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

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

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

(1) programs that serve parents with their children if the program:
   (i) provides on-site child care during the hours of treatment activity that:
      (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or
      (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or
   (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as:
      (A) a child care center under Minnesota Rules, chapter 9503; or
      (B) a family child care home under Minnesota Rules, chapter 9502;
   (2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a;
   (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
   (4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or
   (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if:
      (i) the program meets the co-occurring requirements in section 245G.20;
(ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;

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

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

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

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

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

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

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

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

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

(d) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 256G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.
(e) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

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

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

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

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

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

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

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

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

1. Maintain a supply of an opiate antagonist in the home in a conspicuous location and post information on proper use;
2. Have written policies regarding access to all prescribed medications;
3. Have written policies regarding evictions;
4. Return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to contact persons listed as emergency contacts for the discharged person so that the items are returned;
5. Document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency situations.
contact designated by the resident under certain circumstances, including but not limited to death due to an overdose;

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

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

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

(9) have a fee schedule and refund policy;

(10) have rules for residents;

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

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

(13) distribute the sober home bill of rights.

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

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

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

(2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week.

(3) 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 death due to an overdose;

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

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

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

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

(10) have a fee schedule and refund policy;

(11) have rules for residents;

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

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

(14) distribute the sober home bill of rights.

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

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

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

(2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of skilled treatment services and adolescents must receive up to five hours per week.

(3) 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 death due to an overdose;

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

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

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

(9) permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration to treat co-occurring substance use disorders and mental health conditions;
(7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide, as a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.

(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.
For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.

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

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

Subd. 2. Provider participation. (a) Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.

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

(c) Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter and are licensed as a hospital under sections 144.50 to 144.581, are medically monitored inpatient level of care are not required to enroll in the demonstration, and provide only ASAM 3.7 medically monitored inpatient level of care are required to enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs meeting these criteria must submit evidence of providing the required level of care to the commissioner to be exempt from enrolling in the demonstration.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) The commissioner may temporarily suspend payments to the provider according to paragraph (a) and paragraphs (c) and (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met.

(c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause (2), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019.

(d) For outpatient individual and group substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clauses (1), (6), and (7), and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, 245G.21, 245G.22, 245G.25, and 245G.31, the commissioner may temporarily suspend payments to the provider according to paragraph (b) if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met.
245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020.

Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in paragraphs paragraph (c) and (d). The commissioner must monitor the effect of this requirement on the rates in effect on December 31, 2020. Upon implementation of new rates according to section 254B.121, the 20 percent increase will no longer apply.

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

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

EFFECTIVE DATE. This section is effective the day following final enactment.
(c) The Office of MN.IT Services shall provide advance consultation and implementation of the changes needed in data systems.

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

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

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

Sec. 24. REPEALER.

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

Sec. 30. REPEALER.

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