

1.1 moves to amend H.F. No. 1233, the delete everything amendment
1.2 (A13-0408), as follows:

1.3 Page 141, after line 6, insert:

1.4 "Sec. 2. **[254B.14] CONTINUUM OF CARE PILOT PROJECTS; CHEMICAL**
1.5 **HEALTH CARE.**

1.6 Subdivision 1. **Authorization for continuum of care pilot projects.** The
1.7 commissioner shall establish chemical dependency continuum of care pilot projects to
1.8 begin implementing the measures developed with stakeholder input and identified in the
1.9 report completed pursuant to Laws 2012, chapter 247, article 5, section 8. The pilot
1.10 projects are intended to improve the effectiveness and efficiency of the service continuum
1.11 for chemically dependent individuals in Minnesota while reducing duplication of efforts
1.12 and promoting scientifically supported practices.

1.13 Subd. 2. **Program implementation.** (a) The commissioner, in coordination with
1.14 representatives of the Minnesota Association of County Social Service Administrators
1.15 and the Minnesota Inter-County Association, shall develop a process for identifying and
1.16 selecting interested counties and providers for participation in the continuum of care pilot
1.17 projects. There will be three pilot projects; one representing the northern region, one for
1.18 the metro region, and one for the southern region. The selection process of counties and
1.19 providers must include consideration of population size, geographic distribution, cultural
1.20 and racial demographics, and provider accessibility. The commissioner shall identify
1.21 counties and providers that are selected for participation in the continuum of care pilot
1.22 projects no later than September 30, 2013.

1.23 (b) The commissioner and entities participating in the continuum of care pilot
1.24 projects shall enter into agreements governing the operation of the continuum of care pilot
1.25 projects. The agreements shall identify pilot project outcomes and include timelines for
1.26 implementation and beginning operation of the pilot projects.

2.1 (c) Entities that are currently participating in the navigator pilot project are
2.2 eligible to participate in the continuum of care pilot project subsequent to or instead of
2.3 participating in the navigator pilot project.

2.4 (d) The commissioner may waive administrative rule requirements that are
2.5 incompatible with implementation of the continuum of care pilot projects.

2.6 (e) Notwithstanding section 254A.19, the commissioner may designate noncounty
2.7 entities to complete chemical use assessments and placement authorizations required
2.8 under section 254A.19 and Minnesota Rules, parts 9530.6600 to 9530.6655. Section
2.9 254A.19, subdivision 3, is applicable to the continuum of care pilot projects at the
2.10 discretion of the commissioner.

2.11 Subd. 3. **Program design.** (a) The operation of the pilot projects shall include:

2.12 (1) new services that are responsive to the chronic nature of substance use disorder;

2.13 (2) telehealth services, when appropriate to address barriers to services;

2.14 (3) services that assure integration with the mental health delivery system when
2.15 appropriate;

2.16 (4) services that address the needs of diverse populations; and

2.17 (5) an assessment and access process that permits clients to present directly to a
2.18 service provider for a substance use disorder assessment and authorization of services.

2.19 (b) Prior to implementation of the continuum of care pilot projects, a utilization
2.20 review process must be developed and agreed to by the commissioner, participating
2.21 counties, and providers. The utilization review process shall be described in the
2.22 agreements governing operation of the continuum of care pilot projects.

2.23 Subd. 4. **Notice of project discontinuation.** Each entity's participation in the
2.24 continuum of care pilot project may be discontinued for any reason by the county or the
2.25 commissioner after 30 days' written notice to the entity.

2.26 Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this
2.27 chapter, the commissioner may authorize chemical dependency treatment funds to pay for
2.28 nontreatment services arranged by continuum of care pilot projects. Individuals who are
2.29 currently accessing Rule 31 treatment services are eligible for concurrent participation in
2.30 the continuum of care pilot projects.

2.31 (b) County expenditures for continuum of care pilot project services shall not
2.32 be greater than their expected share of forecasted expenditures in the absence of the
2.33 continuum of care pilot projects.

2.34 **EFFECTIVE DATE.** This section is effective August 1, 2013."

2.35 Amend the title accordingly