

Bill Summary Comparison of Health and Human Services

House File 2128-4
Article 12: Behavioral Health

Senate File UEH2128-1
Article 13: Behavioral Health

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2	<p>Mental health practitioner. Amends § 245.462, subd. 17. Expands the definition of “mental health practitioner” to include a student who is completing a practicum or internship as part of a formal undergraduate or graduate social work, psychology, or counseling program.</p>	<p>Page R1: House only</p>	
3	<p>Individual treatment plans. Amends § 245.4876, subd. 3. Removes language establishing different administrative review requirements for individual treatment plans for children placed in residential facilities.</p>	<p>Page R3: Similar. Language is identical, except Senate includes September 30, 2021, effective date.</p>	<p>Article 11, Section 1 (245.4876, subdivision 3) removes an existing cross-reference to administrative review of placement of a child for residential treatment.</p>
4	<p>Availability of residential treatment services. Amends § 245.4882, subd. 1. Provides 90-day review for a child’s length of stay in residential treatment.</p>	<p>Page R3: Similar. Language is identical, except Senate includes September 30, 2021, effective date.</p>	<p>Article 11, Section 2 (245.4882, subdivision 1) removes an existing cross-reference to administrative review of placement of a child for residential treatment and replaces it with a requirement to review a child’s length of stay every 90 days.</p>
5	<p>Transition to community. Amends § 245.4882, subd. 3. Adds requirements for discharge planning content and timelines for children in residential treatment.</p>	<p>Page R4: Similar to Senate language at Page R6, lines 315.10-315.13, adding identical requirements as a new paragraph (g) in section 245.4885, subdivision 1; Senate adds an effective date of September 30, 2021.</p>	
6	<p>Admission criteria. Amends § 245.4885, subd. 1. Makes clarifying changes; specifies that the county board, rather than the responsible social services agency, will determine the appropriate level of care for a child when county funds are used to pay for the child’s residential treatment; makes corresponding changes. Deletes references to treatment foster care settings and functional assessments; requires that the child and the child’s family are invited to level of care determination or decision making meetings and allows them to invite others. Requires the level of care determination, placement</p>	<p>Page R4: Different. Senate removes references to “treatment foster care setting” at lines 313.12 and 314.12. House lines 474.18-474.19 eliminate cross-reference to chapter 260C and include language requiring sharing child’s record with family; Senate lines 315.8-315.9 preserve cross-reference to 260C, add cross-reference to 260D, and do not include express requirement to share records with family,</p>	<p>Article 11, Section 3 (245.4885, subdivision 1) makes technical revisions to clarify that the services and functions in the statute are to be provided for a child. Paragraph (d) also indicates that the validated tool to determine an appropriate level of care under the Children’s Mental Health Act may also be the tool used to conduct an assessment following a recommendation from the juvenile screening team for placing the child in a QRTP.</p>

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	<p>decision, and service recommendations to be made available to the child’s family, as appropriate.</p> <p>Makes this section effective September 30, 2021.</p>	<p>though similar requirements may remain in chapters 260C and 260D.</p> <p>Senate provides 90-day discharge planning requirement in new paragraph (g); similar House language appears in section 5.</p> <p>Staff recommends Senate line 314.28.</p>	
7	<p>Establishment and authority.</p> <p>Amends § 245.4889, subd. 1. Expands services eligible for children’s mental health grant funding to include, as part of mental health services for people from cultural and ethnic minorities, supervision of clinical trainees who are Black, indigenous, or people of color providing services in certain clinics. Also adds to list of eligible services mental health services based on traditional healing practices.</p>	<p>Page R7: Different. House adds language regarding clinical supervision of clinical trainees; Senate does not. Each bill adds clause (18), but House is for services based on traditional healing practices and Senate is for interventions for emerging or risk of developing mood disorders.</p>	<p>Article 13, Section 1 (245.4889, subdivision 1) authorizes the commissioner of human services to award grants to fund evidence-informed interventions for youth who are at risk of developing a mood disorder or are experiencing an emerging mood disorder.</p>
8	<p>Culturally Informed and Culturally Responsive Mental Health Task Force.</p> <p>Proposes coding for § 245.4902. Establishes the Culturally Informed and Culturally Responsive Mental Health Task Force; lists membership, compensation, reimbursement, meeting, and report requirements; specifies a January 1, 2025 expiration date.</p>	<p>Page R7: House only</p>	
9	<p>Certified community behavioral health clinics.</p> <p>Amends § 245.735, subd. 3. Updates CCBHC certification process language; requires the commissioner to consult with CCBHC stakeholders before making changes to the certification process. Specifies that CCBHCs must directly provide most of the listed services, but allows coordination with another entity to provide</p>	<p>Page R9: Similar. Senate deletes a cross-reference at line 400.26, removing the requirement for CCBHCs to be enrolled to provide children’s mental health crisis response services.</p>	<p>Article 13, Section 2 (245.735, subdivision 3) clarifies that the commissioner must establish a state CCBHC certification process that satisfies all federal requirements, without service area limits based on geographic area or region, and follows consultation with CCBHC stakeholders.</p>

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	some services; establishes criteria for a CCBHC to contract with another entity to provide services.		
10	Information systems support. Amends § 245.735, subd. 5. Makes clarifying change.	Page R12: Same	Article 13, Section 3 (245.735, subdivision 5) makes a conforming change to incorporate a reference to state requirements for CCBHCs.
11	Demonstration entities. Amends § 245.735 by adding subd. 6. Allows the commissioner to continue to operate the CCBHC demonstration program if federal funding remains available. Requires the commissioner to align the demonstration program requirements with the requirements for CCBHCs receiving MA reimbursement. Prohibits a CCBHC from participating in both the demonstration and the CCBHC MA benefit.	Page R12: Same	Article 13, Section 4 [245.735, subdivision 6] authorizes the commissioner to operate a CCBHC federal demonstration project, if federal funding for the project remains available. To the extent possible, the commissioner shall align the standards for the federal demonstration project with the CCBHC standards for MA reimbursement.
		Page R12: Senate only	Article 1, Section 1 (245F.03) specifies that chapter 245F does not apply when a withdrawal management program is providing pretreatment coordination services.
		Page R13: Senate only	Article 1, Section 2 (245G.02, subd. 2) specifies that chapter 245G does not apply when a chemical dependency licensed treatment facility is providing pretreatment coordination services.
		Page R13: Senate only	Article 1, Section 3 (245G.06, subd. 3) adds pretreatment coordination services to the services that must documented and reviewed weekly by a chemical dependency licensed facility as part of a client's treatment plan.
		Page R14: Senate only	Article 1, Section 4 (245G.11, subd. 7) specifies that county staff who conduct chemical use assessments are qualified to provide treatment coordination services if employed as of July 1, 2022 and county staff employed after July 1, 2022 are qualified

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			to provide treatment coordination services if the county staff person completes the required classroom instruction.
12	<p>Culturally specific or culturally responsive program. Amends § 254B.01, subd. 4a. Modifies the definition of “culturally specific program” for purposes of chapter 254B, expanding it to include culturally responsive programs. Requires attestation that program requirements are satisfied and adds requirements that must be met for a program to qualify under the definition.</p> <p>Makes this section effective January 1, 2022.</p>	Page R15: House only	
13	<p>Disability responsive program. Amends § 254B.01 by adding subd. 4b. Adds definition of “disability responsive program.”</p> <p>Makes this section effective January 1, 2022.</p>	Page R16: House only	
		Page R16: Senate only	<p>Article 1, Section 5 (254B.05, subd. 1) states that American Indian programs and counties are eligible vendors of peer support services and requires an alcohol and drug counselor to be available to recovery peers for ongoing consultation. Also specifies that nonresidential programs, withdrawal management programs, American Indian programs and counties are eligible vendors of pretreatment coordination services when the individual providing the service meets the required staffing credentials.</p>
		Page R17: Senate only	<p>Article 1, Section 6 (254B.05, subd. 4a) authorizes an enrolled provider to provide pretreatment coordination services to an individual before the individual’s comprehensive assessment to facilitate access to a comprehensive assessment. Specifies thatph pretreatment coordination services must not exceed 36 units per</p>

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			eligibility determination. Requires the staff providing the services to meet the required staff qualifications. Specifies what is included in pretreatment coordination services.
14	<p>Rate requirements. Amends § 254B.05, subd. 5. Removes language establishing higher rates for certain types of substance use disorder treatment services and providers. Adds “culturally responsive” terminology and disability responsive programs. Updates terminology and modifies telehealth requirements to align with requirements for medical assistance coverage of telehealth. Specifies that payment for outpatient services is limited to six hours per day, or 30 hours per week without prior authorization from the commissioner.</p> <p>Makes this section effective January 1, 2022, or upon federal approval, whichever is later, except paragraph (e), which is effective July 1, 2021.</p>	<p>Page R18: Different.</p> <p>Paragraph (b), Senate adds pretreatment coordination services; House does not.</p> <p>Paragraph (c), House adds culturally responsive and disability responsive programs to category for higher rates; Senate does not. House strikes language establishing higher rates for other provider and service categories; Senate does not.</p> <p>House strikes paragraph (e), Senate does not.</p> <p>House modifies and reletters paragraph (f) relating to services provided via two-way interactive video; Senate does not.</p> <p>House adds paragraph (g) limiting payment for outpatient substance use disorder services; Senate does not.</p> <p>Slight differences in effective dates.</p>	<p>Article 1, Section 7 (254B.05, subd. 5) requires the commissioner to establish rates for treatment coordination services and for pretreatment coordination services.</p>
15	<p>Culturally specific or culturally responsive program and disability responsive program provider rate increase. Amends § 254B.12 by adding subd. 4. Provides a 5% rate increase for substance use disorder treatment services provided by culturally specific or culturally responsive programs, or disability responsive programs, on or after January 1, 2022.</p>	<p>Page R21: House only</p>	

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	Makes this section effective January 1, 2022, or upon federal approval, whichever is later.		
16	<p>Substance use disorder community of practice. Proposes coding for § 254B.151. Establishes a substance use disorder of community of practice; specifies the purposes of the community of practice, required participants, meeting and compensation requirements, and duties of the community of practice.</p>	Page R21: House only	
		Page R23: Senate only	<p>Article 13, Section 6 [254B.17] establishes a school-linked substance abuse grant program, for licensed substance use disorder treatment providers or licensed alcohol and drug counselors to identify and treat substance use disorder of students in secondary school settings. Grant recipients must provide data to the commissioner to evaluate the effectiveness of the grant program.</p>
17	<p>Membership. Amends § 256.042, subd. 2. Increases the number of members on the Opiate Epidemic Response Advisory Council; increases the number of members representing Indian tribes and expands representation to each of Minnesota’s tribal nations.</p>	Page R24: House only	
18	<p>Grants. Amends § 256.042, subd. 4. Modifies the report on the Opiate Epidemic Response Advisory Council’s proposed grants from the upcoming fiscal year to the upcoming calendar year; modifies month for the report; increases allowable grant amount percentage for administration from three to ten percent.</p>	<p>Page R26: Different. House specifies calendar year and changes deadline for report from March 1 to December 1. House increases percentage of grant amount available for administration from 3% to 10%; Senate does not.</p>	<p>Article 1, Section 10 (256.042, subd. 4) clarifies that the opiate epidemic response advisory council must provide the legislature by March 1, of each year a description of their priorities and specific activities the council intends to address for the upcoming fiscal year based on projected funds available for grant distribution. It also specifies that the council determines the grant awards and funding amounts and the commissioner awards and administers the grants.</p>

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19	<p>Appropriations from fund. Amends § 256.043, subd. 3. Specifies that grant funds and funds for county and tribal social services agencies from the opiate epidemic response fund will be distributed on a calendar year basis beginning in fiscal year 2022.</p>	<p>Page R26: Different. Senate modifies appropriations from the opiate epidemic response fund; House does not. House adds paragraph specifying that grants and funds will be distributed on a calendar year basis; Senate does not. Senate includes July 1, 2024, effective date; House does not.</p>	<p>Article 4, Section 12 (256.043, subd.3) extends the appropriations from the opiate epidemic response fund for the results first evaluations and for the ECHO projects.</p>
20	<p>Crisis stabilization services. Amends § 256B.0624, subd. 7. Requires the commissioner to establish a statewide per diem rate for residential crisis stabilization services provided to medical assistance enrollees, for settings that serve no more than four adult residents. Outlines rate and payment requirements, and requires providers to submit annual cost reports, to inform the commissioner’s annual recalculation of the statewide per diem rate.</p>	<p>Page R27: Same</p>	<p>Article 13, Section 7 (256B.0624, subdivision 7, paragraph (c)) requires the commissioner to establish and recalculate annually a statewide per diem rate for crisis stabilization services provided to MA enrollees in a supervised, licensed residential setting that serves no more than four adults with staff present for at least eight hours per day.</p>
21	<p>Certified community behavioral health clinic services. Amends § 256B.0625, subd. 5m. Updates language to require CCBHC reimbursement on a per-visit basis, and to include incentive payments; establishes requirements for the prospective payment system for CCBHC reimbursement, requires a phase-out of CCBHC wrap payments, and requires updates to rates. Establishes requirements for the CCBHC quality incentive payment program. Specifies process for claims to managed care plans for CCBHC services.</p>	<p>Page R28: Similar. Minor technical difference; staff recommends Senate.</p>	<p>Article 13, Section 8 (256B.0625, subdivision 5m) establishes a per-visit prospective payment system that uses a provider-specific rate, limits payment to one payment per day per MA enrollee, establishes new provider rates that are similar to existing rates for other similar providers, rebases rates once every three years and one year following a rate change, and permits a provider to request a rate adjustment. Paragraph (e) directs the commissioner to implement a quality incentive payment program for CCBHCs, that would give a CCBHC an additional payment upon meeting certain measures for performance, if the CCBHC has been enrolled for at least a year. Paragraph (f) establishes the timing for submission and payment of claims to managed care plans, based upon the date of billed service and whether the managed care plan has complied with federal requirements for payment to CCBHCs.</p>

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22	<p>Mental health case management. Amends § 256B.0625, subd. 20. Modifies payment requirements for mental health case management provided by vendors who contract with counties and tribes.</p>	<p>Page R31: House only</p>	
23	<p>Provider participation. Amends § 256B.0759, subd. 2. Specifies that outpatient substance use disorder treatment providers may participate in the substance use disorder demonstration project. Requires licensed residential treatment programs, withdrawal management programs, and out-of-state residential treatment programs receiving payment under medical assistance to enroll as demonstration project providers by January 1, 2022. Provides a six-month extension for providers who demonstrate extraordinary circumstances; specifies that programs that do not meet the requirements by July 1, 2023 are ineligible for payment.</p> <p>Allows tribally licensed programs to participate in the demonstration project and requires DHS to consult with tribal nations.</p> <p>Specifies rate enhancement applicability and requirements and provides for recoupment by the commissioner.</p> <p>Makes this section effective July 1, 2021, or upon federal approval, whichever is later; makes paragraphs (f) and (g) effective the day following final enactment.</p>	<p>Page R34: Different.</p> <p>Paragraph (a) is identical.</p> <p>Paragraph (b): House requires enrollment by January 1, 2022, and includes 6-month extension process. Provides July 1, 2023, date after which programs are ineligible for payment if not enrolled. Senate requires enrollment and compliance with enhanced program requirements by June 30, 2025, after which programs are ineligible for payment.</p> <p>Paragraph (c): House requires enrollment by January 1, 2022, and includes 6-month extension process. Provides July 1, 2023, date after which programs are ineligible for payment if not enrolled. Senate requires enrollment and compliance with enhanced program requirements by June 30, 2025, after which programs are ineligible for payment.</p> <p>Paragraph (d): technical differences; House requires enrollment by January 1, 2022, and includes 6-month extension process. Provides July 1, 2023, date after which programs are ineligible for payment if not enrolled. Senate requires enrollment and compliance with enhanced program requirements by June 30, 2025, after which programs are ineligible for payment.</p>	<p>Article 13, Section 9 (256B.0759, subdivision 3) permits licensed substance use disorder treatment providers, licensed chemical dependency treatment providers, and out-of-state residential substance use disorder treatment providers until June 30, 2025 to enroll in and meet the quality standards for participation in the demonstration project. The commissioner is authorized to consult with Tribal nations regarding how tribally licensed programs may participate in the demonstration project. The commissioner is also directed to seek the necessary federal authority to allow participating providers who need additional time to comply with increased quality standards to receive the demonstration participation reimbursement rates through at least July 1, 2022.</p>

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		<p>Paragraph (e): technical difference. Staff recommends Senate.</p> <p>Paragraph (f): technical differences.</p> <p>Paragraph (g): technical differences.</p> <p>Slight difference in effective date language; staff recommends Senate.</p>	
<p>24</p>	<p>Provider payment rates. Amends § 256B.0759, subd. 4. Adds reference to provider standards and allows the commissioner to temporarily suspend payments if statutory requirements are not met. Increases payment rates for certain services.</p> <p>Makes this section effective July 1, 2021, or upon federal approval, whichever is later; makes the rate increase changes effective January 1, 2022.</p>	<p>Page R35: Different.</p> <p>Paragraph (a): House includes reference to subd. 3 provider standards; Senate adds language regarding eligibility for rate increases based on provider enrollment.</p> <p>Paragraph (b): technical difference. Staff recommends Senate.</p> <p>Paragraph (c): House increases rates by 30%; Senate increases rates by 35%.</p> <p>Paragraph (d): House increases rates by 25%; Senate increases rates by 30%.</p> <p>Paragraphs (e) and (f) are identical.</p> <p>Slight differences in effective date language.</p>	<p>Article 13, Section 10 (256B.0759, subdivision 4) permits participating providers to receive an increased payment rate of 30% or 35%, depending on the service provided (current statute is a 15% or 10% increase), so long as they meet demonstration project requirements and enhanced provider standards. Providers that have enrolled but have not met the provider standards by July 1, 2022, are lose eligibility for the rate increase and will be paid according to the rates in current statute until the date that the provider meets the standards. The commissioner is also authorized to suspend payments to the provider until the provider achieves compliance.</p>

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25	<p>Data and outcome measures; public posting. Amends § 256B.0759 by adding subd. 6. Requires that SUD demonstration project data and outcome measures from the previous calendar year be posted publicly on the DHS website.</p> <p>Makes this section effective July 1, 2021.</p>	<p>Page R36: House only. Compare with Senate section 12.</p> <p>House requires annual posting of “data outcome measures”; Senate requires posting of “final documents” within 30 days of approval by CMS, and lists examples of “final documents.”</p>	
		<p>Page R36: Senate only</p>	<p>Article 13, Section 11 [256B.0759, subdivision 6] establishes a base payment rate of \$132.90 per day for medium intensity residential programs that participate in the demonstration project.</p>
		<p>Page R37: Senate only. Compare with House section 25.</p> <p>House requires annual posting of “data outcome measures”; Senate requires posting of “final documents” within 30 days of approval by CMS, and lists examples of “final documents.”</p>	<p>Article 13, Section 12 [256B.0759, subdivision 7] requires publication on the state’s Medicaid website of documentation including monitoring reports and evaluations for demonstration project participants, within 30 days of approval of those documents for use in the demonstration project.</p>
26	<p>Federal approval; demonstration project extension. Amends § 256B.0759 by adding subd. 7. Requires the commissioner to seek a five-year extension of the SUD demonstration project and to receive enhanced federal participation.</p> <p>Makes this section effective July 1, 2021.</p>	<p>Page R37: Similar. House specifies that commissioner must seek a 5-year extension of the demonstration project and enhanced federal financial participation; Senate requires commissioner to seek extension and specifies date by which request must be submitted.</p>	<p>Article 13, Section 13 [256B.0759, subdivision 8] authorizes the commissioner to seek federal approval to extend the demonstration project to accommodate the delayed enrollment date.</p>
27	<p>Demonstration project evaluation work group. Amends § 256B.0759 by adding subd. 8. Requires the commissioner to assemble a work group of relevant stakeholders to evaluate the long-term sustainability of improvements to quality or</p>	<p>Page R37: Similar. Senate requires meetings “at least” quarterly; House requires quarterly.</p>	<p>Article 13, Section 14 [256B.0759, subdivision 9] requires the commissioner to convene a workgroup of relevant stakeholders to meet at least quarterly during the demonstration project to evaluate the long-term sustainability of any improvements to quality or access to treatment services cause by participation in the demonstration project.</p>

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	<p>access to SUD treatment services caused by participation in the demonstration project.</p> <p>Makes this section effective July 1, 2021.</p>		
		Page R37: Senate only	Article 1, Section 30 (256B.0625, subd. 67) states that medical assistance covers pretreatment coordination services effective January 1, 2022, or upon federal approval whichever is later.
28	<p>Case management services.</p> <p>Proposes coding for § 256B.076. Outlines state policy for medical assistance coverage of targeted case management services, subject to federal approval. Requires DHS, tribes, counties, providers, and individuals served to propose further modifications to targeted case management services.</p> <p>Requires the commissioner to develop and implement a statewide rate methodology for any county that subcontracts targeted case management services, paid by medical assistance, to a vendor. Lists what the commissioner must include when setting the rate methodology. Allows a county to request authorization of a rate based on a lower caseload size in certain circumstances; outlines what must be included in such a request.</p> <p>Sets caseload size limits for county-subcontracted providers of targeted case management services.</p>	Page R38: House only	
29	<p>Payment for targeted case management.</p> <p>Amends § 256B.0924, subd. 6. Modifies payment provisions for targeted case management services provided by county-contracted vendors to reference requirements in the new section created in this bill. Removes negotiation provision.</p>	Page R39: House only	

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30	<p>Medical assistance reimbursement of case management services. Amends § 256B.094, subd. 6. Modifies payment provisions for case management services provided by county-contracted vendors to reference requirements in the new section created in this bill. Requires payment for case management services provided by tribe-contracted vendors to be a monthly rate negotiated by the tribe. Removes negotiation language.</p>	Page R41: House only	
		Page R42: Senate only	Article 1, Section 35 (256B.0946, subdivision 1) adds individual treatment plan development to the list of MA-reimbursable services for ITFC providers.
		Page R43: Senate only	Article 1, Section 36 (256B.0946, subdivision 4), paragraph (i) authorizes temporary reduction of weekly service units for no more than 60 days if the provider and family agree, and the reasons for the reduction are documented in the case file. New paragraph (o) requires providing either psychotherapy, crisis assistance, or psychoeducation services to be provided in order to receive a daily per-client encounter rate and allows clinical care consultation and individual treatment plan development to be included in that daily per-client encounter rate.
		Page R44: Senate only	Article 13, Section 15 (256B.0947, subdivision 2) expand the age range eligibility for intensive nonresidential rehabilitative mental health services from 16-20 years old, to 8 to 26 years old.
		Page R47: Senate only	Article 13, Section 16 (256B.0947, subdivision 3) expand the age range eligibility for intensive nonresidential rehabilitative mental health services from 16-20 years old, to 8 to 26 years old.
		Page R47: Senate only	Article 13, Section 17 (256B.0947, subdivision 5, paragraph (b)) requires a treatment team to have specialized training in

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			providing services either to youth aged 8 to 16 years old, or to youth aged 14 to 26 years old.
		Page R49: Senate only	Article 13, Section 18 (256B.0947, subdivision 6, paragraph (e)) makes a technical clarifying change to clarify that the treatment team must complete each client’s treatment plan.
		Page R51: Senate only	Article 13, Section 19 (297E.02, subdivision 3) requires the commissioner of human services to issue to the state problem gambling affiliate a monthly statement of the amounts deposited for the compulsive gambling treatment program and for the grant to the state problem gambling affiliate, and to issue to the legislature an annual reconciliation of the amounts deposited.
31	Direction to the commissioner; adult mental health initiatives reform. Requires the commissioner of human services to ensure continued funding for certain regions when reforming the adult mental health initiative funding formula. Requires the commissioner to notify the legislature upon finalization of the adult mental health initiatives reform.	Page R52: House only	
32	Direction to the commissioner; alternative mental health professional licensing pathways work group. Requires the commissioners of health and human services to convene a work group to: <ul style="list-style-type: none"> ▪ identify barriers to licensure in mental health professions; ▪ collect data on the number of individuals graduating from educational programs but not passing licensing exams; 	Page R52: House only	

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	<ul style="list-style-type: none"> ▪ evaluate the feasibility of alternative pathways for licensure in mental health professions; and ▪ consult with national behavioral health testing entities. <p>Provides for reimbursement for expenses for mental health providers participating in the work group. Requires a report to the legislature on the work group’s recommendations by February 1, 2023.</p>		
33	<p>Direction to the commissioner; children’s mental health residential treatment work group.</p> <p>Requires the commissioner of human services to organize a work group, in consultation with specified entities and individuals, to develop recommendations on funding room and board costs for children’s mental health residential treatment and how to address systemic barriers in transitioning children into the community. Requires a report to the legislature with recommendations by February 15, 2022.</p>	Page R53: House only	
34	<p>Direction to the commissioner; culturally and linguistically appropriate services.</p> <p>Requires the commissioner of human services to develop a statewide implementation and transition plan for culturally and linguistically appropriate services (CLAS) national standards, in consultation with listed stakeholders. Requires the commissioner to consult with individuals who are Black, indigenous, people of color, and linguistically diverse in developing these plans.</p>	Page R53: House only	

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35	<p>Direction to the commissioner; rate recommendations for opioid treatment programs. Directs the commissioner of human services to evaluate the rate structure for licensed opioid treatment programs, and report to the legislature on rate structure recommendations and proposed legislation by October 1, 2021.</p>	Page R53: House only	
		Page R54: Senate only	<p>Article 13, Section 20 (Substance Use Disorder Treatment Pathfinder Companion Pilot Project) establishes a pilot project, beginning September 1, 2021, for Anoka County, an academic research partner, and the North Metro Mental Health Roundtable, to evaluate the effects of using the Pathfinder Companion technology on treatment outcomes for individuals receiving substance use disorder treatment services. A report on the results of the project is due to the legislature by January 15, 2023.</p>
		Page R54: Senate only	<p>Article 13, Section 21 (First Episode of Psychosis Grant Program; Authorized Uses of Grant Funds) clarifies that first episode of psychosis grant program funds may be used for intensive treatment and support, provider outreach, training, and guidance, ensuring access to services, and housing or travel expenses for individuals receiving services.</p>
		Page R55: Senate only	<p>Article 13, Section 22 (Emerging Mood Disorder Grant Program; Authorized Uses of Grant Funds) clarifies that emerging mood disorder grant program funds may be used for intensive treatment and support, provider outreach, training, and guidance, ensuring access to services, and evaluating the efficacy of services provided.</p>

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		Page R55: Senate only	Article 13, Section 23 (Direction to Commissioner of Human Services; Mental Health Grant Programs Statute Revision) directs the commissioner of human services to coordinate with nonpartisan legislative staff to enact as statutes the details of each of the grant programs authorized and funded under section 245.4661, subdivision 1.
36	<p>Direction to the commissioner; sober housing program recommendations.</p> <p>Requires the commissioner, in consultation with stakeholders, to develop recommendations on increasing access to sober housing programs, promoting person-centered practices and cultural responsiveness in these programs, possible oversight measures, and providing consumer protections for individuals in the programs. Lists stakeholders that must be involved in developing the recommendations and requires a report to the legislature by March 1, 2022.</p>	Page R56: Similar. House includes additional stakeholders; minor language differences. Report date March 1, 2022, in House ; September 1, 2022, in Senate .	Article 13, Section 25 (Direction to the Commissioner; Sober Housing Program Recommendations) directs the commissioner of human services, in collaboration with stakeholders, to study and recommend a method for increasing access to, promoting person-centered practices and cultural responsiveness in, potential oversight of, and consumer protections for individuals in sober housing programs. The commissioner must complete and submit a report on the study to the legislature by September 1, 2022.
37	<p>Direction to the commissioner; substance use disorder treatment paperwork reduction.</p> <p>Directs the commissioner to consult with relevant stakeholders to develop, assess, and recommend systems improvements in order to minimize paperwork for licensed substance use disorder programs. Requires the commissioner of health to make necessary information available, and requires MN.IT to provide advance consultation and implementation of needed systems changes. Requires the commissioner to contract with a vendor to develop the improvements, to begin implementing the improvements by December 15, 2022, and to submit a report to the legislature.</p>	Page R56: Similar. Two minor technical differences. Staff recommends Senate .	Article 13, Section 24 (Direction to the Commissioner; Substance Use Disorder Treatment Paperwork Reduction) directs the commissioner of human services to consult with stakeholders to develop, assess, and recommend systems improvements to minimize regulatory paperwork and improve systems for substance use disorder programs. The commissioner shall contract with an experienced vendor to develop statewide system changes and submit a report to the legislature regarding the changes and any recommended legislative changes by December 15, 2022.

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38	<p>Direction to the commissioner; tribal overpayment protocols. Directs the commissioner, in consultation with tribal nations, to develop protocols to address and attempt to resolve any future overpayment involving tribal nations in Minnesota.</p>	<p>Page R57: House only</p>	
39	<p>Substance use disorder treatment rate restructure analysis. Requires the commissioner of human services to issue a request for proposals by January 1, 2022, for frameworks and modeling of substance use disorder rates. Requires a report to the legislature by January 15, 2023.</p>	<p>Page R57: Similar. Minor technical differences. Staff recommends Senate line 426.7, House line 511.8.</p>	<p>Article 13, Section 28 (Direction to the Commissioner; SUD Treatment Rate Restructure Contract) directs the commissioner to contract with a qualified vendor to conduct rate modeling and develop frameworks for all substance use disorder treatment rates. The commissioner must issue a request for proposal for the vendor’s work by January 1, 2022, and the commissioner must report to the legislature on the results of the vendor’s work by January 15, 2023.</p>
		<p>Page R58: Senate only</p>	<p>Article 13, Section 26 (Direction to the Commissioners of Health and Human Services; Compulsive Gambling Programming and Funding) requires the commissioner of human services to consult with the commissioner of health and report to the legislature by September 1, 2022, on whether the revenue appropriated to DHS for a grant for compulsive gambling programming is more properly appropriated to and managed by a different agency, and on whether DHS should continue to manage the compulsive gambling treatment program.</p>
		<p>Page R58: Senate only</p>	<p>Article 13, Section 27 (Direction to the Commissioner of Human Services; SUD Demonstration Project Enrollment Report) requires the commissioner of human services to submit a report to the legislature following each budget forecast, beginning in November 2021, on the number of providers enrolled in the substance use disorder demonstration project, the amount of federal financial participation that corresponds to the enrollment, and the amount of federal financial participation that</p>

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			exceeds what was projected in the November 2021 forecast.
		Page R58: Senate only	Article 13, Section 29 (Direction to the Commissioner; SUD Technical Assistance Centers) directs the commissioner of human services to establish technical assistance centers by March 1, 2022, that will help providers enroll and meet the standards of the federal substance use disorder demonstration project.
		Page R59: Senate only	Article 13, Section 30 allocates \$400,000 annually from the federal community mental health services block grant for children’s mental health grants for emerging mood disorder programs.
		Page R59: Senate only	Article 13, Section 31 allocates \$1,500,000 annually from the federal community mental health services block grant for children’s mental health grants for first episode of psychosis grants, and an additional \$200,000 annually to the four existing first episode of psychosis programs that receive grant funding.
		Page R60: Senate only	Article 13, Section 32 allocates \$2,350,000 annually from the federal community mental health services block grant for adult mental health initiative grants.
		Page R60: Senate only	Article 13, Section 33 allocates \$2,500,000 annually from the federal community mental health services block grant for school-linked mental health grants.
		Page R60: Senate only	Article 13, Section 34 allocates \$1,500,000 annually from the federal substance abuse prevention and treatment block grant for school-linked substance abuse grants.
		Page R61: Senate only	Article 13, Section 35 allocates \$250,000 in fiscal year 2022 from the federal substance abuse prevention and treatment block

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			grant for a grant to Anoka County for the substance use disorder treatment pathfinder companion pilot project.
		Page R61: Senate only	Article 13, Section 36 allocates \$3,500,000 annually from the federal substance abuse prevention and treatment block grant for grants to be awarded according to the recommendations of the Opioid Epidemic Response Advisory Council.
		Page R61: Senate only	Article 13, Section 37 allocates \$2,000,000 annually from the federal substance abuse prevention and treatment block grant for grants to community recovery organizations to provide community-based peer recovery support services that are not otherwise eligible for reimbursement.
		Page R62: Senate only	Article 1, section 55 [Opiate epidemic response advisory council; initial membership term] specifies the date in which the terms of the initial members of the advisory council ends.
		Page R62: Senate only	Article 1, section 57 [Directions to commissioner; screening tools; substance use disorder reform evaluation; substance use disorder reform education] requires the commissioner of human services to: develop tools for screening individual for pretreatment coordination services and a template to document the results; develop a tool to evaluate the effects of substance use disorder treatment reform proposals enacted during the 2019 and 2021 session; develop educational materials regarding the implementation of substance use disorder treatment reform proposals enacted during the 2019 and 2021 session.
		Page R63: Senate only	Article 1, section 59 [Funding recommendations for pretreatment coordination services] requires the commissioner of human services to submit recommendations to the legislature for funding pretreatment coordination services if federal approval

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			is not obtained.
40	<p>Revisor instruction. Instructs the revisor to modify a head note related to certified community behavioral health clinic services.</p>	<p>Page R63: Same</p>	<p>Article 13, Section 38 (Revisor Instruction) instructs the Revisor of Statutes to replace “excellence in mental health demonstration project” with “certified community behavioral health clinic services” in the headnote of section 245.735.</p>
41	<p>Repealer. Repeals sections related to mental health case management, the Excellence in Mental Health demonstration project, and the definition of “responsible social services agency” in the Children’s Mental Health Act. Specifies effective dates for repealers.</p>	<p>Page R63: Similar. House includes two additional repealers; Senate includes immediate effective date for demonstration project repealer.</p>	<p>Article 13, Section 39 (Repealer) repeals sections of statute that are out of date, relating to the federal substance use disorder demonstration project.</p>