

1.1 moves to amend H.F. No. 3414 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "**Section 1. [116J.418] HOUSING FIDELITY BOND PROGRAM.**

1.4 By January 1, 2023, the commissioner must request permission from the United States
1.5 Department of Labor to implement a five-year pilot program that provides housing fidelity
1.6 bonds for:

1.7 (1) individuals who are on medical assistance under chapter 256B and are receiving, or
1.8 have received, substance use disorder treatment services within the last 12 months; or

1.9 (2) individuals involved in the criminal justice system.

1.10 This pilot should be modeled after the existing employment fidelity bond program
1.11 currently funded through the United States Department of Labor and implemented by the
1.12 Department of Employment and Economic Development. The commissioner must confer
1.13 with the commissioner of human services to optimize the use of available housing
1.14 stabilization services when and where available to implement the pilot. During the
1.15 implementation process the commissioner must confer with key stakeholders including but
1.16 not limited to: individuals who have been through substance use disorder treatment, family
1.17 members of a person in recovery, health care treatment professionals, rental housing
1.18 providers, housing stabilization service providers, and any other stakeholders the
1.19 commissioner deems necessary.

1.20 **Sec. 2. [144.2256] CERTIFIED BIRTH RECORD FOR PERSONS ELIGIBLE FOR**
1.21 **MEDICAL ASSISTANCE.**

1.22 Subdivision 1. **Application; birth record.** A subject of a birth record who is medical
1.23 assistance eligible according to chapter 256B and who has been treated for a substance use

2.1 disorder within the past 12 months may apply to the state registrar or a local issuance office
2.2 for a certified birth record according to this section. The state registrar or local issuance
2.3 office shall issue a certified birth record, or statement of no vital record found, to a subject
2.4 of a birth record who submits:

2.5 (1) a completed application signed by the subject of the birth record;

2.6 (2) a statement of eligibility from an employee of a treatment provider licensed under
2.7 chapter 245G that receives public funding to provide services to people with substance use
2.8 disorders. The statement must verify the subject of the birth record is medical assistance
2.9 eligible according to chapter 256B and has been treated for substance use disorder in the
2.10 last 12 months. The statement must comply with the requirements in subdivision 2; and

2.11 (3) identification in the form of:

2.12 (i) a document of identity listed in Minnesota Rules, part 4601.2600, subpart 8, or, at
2.13 the discretion of the state registrar or local issuance office, Minnesota Rules, part 4601.2600,
2.14 subpart 9;

2.15 (ii) a statement that complies with Minnesota Rules, part 4601.2600, subparts 6 and 7;
2.16 or

2.17 (iii) a statement of identity provided by the employee of a human services agency that
2.18 receives public funding to provide services to people with substance use disorders who
2.19 verified eligibility. The statement must comply with Minnesota Rules, part 4601.2600,
2.20 subpart 7.

2.21 Subd. 2. **Statement of eligibility.** A statement of eligibility must be from an employee
2.22 of a human services agency that receives public funding to provide services to people with
2.23 substance use disorders and must verify the subject of the birth record is medical assistance
2.24 eligible according to chapter 256B and has been treated for a substance use disorder within
2.25 the last 12 months. The statement of eligibility must include:

2.26 (1) the employee's first name, middle name, if any, and last name; home or business
2.27 address; telephone number, if any; and e-mail address, if any;

2.28 (2) the name of the human services agency that receives public funding to provide
2.29 services to people with substance use disorders that employs the person making the eligibility
2.30 statement;

2.31 (3) the first name, middle name, if any, and last name of the subject of the birth record;

3.1 (4) a copy of the individual's employment identification, or verification of employment,
3.2 linking the employee to the human services agency that provided treatment; and

3.3 (5) a statement specifying the relationship of the individual providing the eligibility
3.4 statement to the subject of the birth record.

3.5 Subd. 3. **Data practices.** Data listed under subdivision 1, clauses (2) and (3), are private
3.6 data on individuals.

3.7 Sec. 3. Minnesota Statutes 2020, section 144.226, is amended by adding a subdivision to
3.8 read:

3.9 Subd. 9. **Birth record fees waived for people treated for substance use disorder.** A
3.10 subject of a birth record who has been treated for a substance use disorder within the last
3.11 12 months and is eligible for medical assistance according to chapter 256B shall not be
3.12 charged any of the fees specified in this section for a certified birth record or statement of
3.13 no vital record found.

3.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

3.15 Sec. 4. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision to
3.16 read:

3.17 Subd. 2a. **Former students.** (a) A former student may practice alcohol and drug
3.18 counseling for 90 days from the former student's degree conferral date from an accredited
3.19 school or educational program or from the last date the former student received credit for
3.20 an alcohol and drug counseling course from an accredited school or educational program.
3.21 The former student's practice must be supervised by a supervisor.

3.22 (b) The former student's right to practice automatically expires after 90 days from the
3.23 former student's degree conferral date or date of last course credit, whichever occurs last.

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

3.25 Sec. 5. Minnesota Statutes 2020, section 171.06, is amended by adding a subdivision to
3.26 read:

3.27 Subd. 8. **Application; identification card or copy of driver's license.** (a) A subject of
3.28 an identification card or driver's license who is eligible for medical assistance according to
3.29 chapter 256B and who has been treated for a substance use disorder within the last 12 months
3.30 of application may apply to the commissioner or driver's license agent for an identification
3.31 card or driver's license according to this section. The commissioner or driver's license agent

4.1 shall issue an identification card or driver's license and waive all fees to a person who
4.2 submits:

4.3 (1) a completed application signed by the subject of the identification card or driver's
4.4 license;

4.5 (2) a statement that the subject of the identification card or driver's license is eligible
4.6 for medical assistance according to chapter 256B and has been treated for substance use
4.7 disorder in the last 12 months, signed by the subject of the identification card or driver's
4.8 license; and

4.9 (3) a statement verifying that the subject of the identification card or driver's license is
4.10 eligible for medical assistance according to chapter 256B and has been treated for substance
4.11 use disorder in the last 12 months that complies with the requirements in paragraph (b) and
4.12 is from an employee of a human services agency that receives public funding to provide
4.13 services to people with substance use disorders.

4.14 (b) A statement verifying that a subject of an identification card or driver's license is
4.15 eligible for medical assistance according to chapter 256B and has been treated for a substance
4.16 use disorder within 12 months must include:

4.17 (1) the following information regarding the individual providing the statement: first
4.18 name, middle name, if any, and last name; home or business address; telephone number, if
4.19 any; and e-mail address, if any;

4.20 (2) the first name, middle name, if any, and last name of the subject of the birth record;
4.21 and

4.22 (3) a statement specifying the relationship of the individual providing the statement to
4.23 the subject of the identification card or driver's license and verifying that the subject of the
4.24 identification card or driver's license is eligible for medical assistance according to chapter
4.25 256B and has been treated for a substance use disorder within the last 12 months.

4.26 (c) For identification cards and driver's licenses issued under this section:

4.27 (1) the commissioner must not impose a fee, surcharge, or filing fee under section 171.06,
4.28 subdivision 2; and

4.29 (2) a driver's license agent must not impose a filing fee under section 171.061, subdivision
4.30 4.

5.1 Sec. 6. Minnesota Statutes 2020, section 245A.19, is amended to read:

5.2 **245A.19 HIV TRAINING IN CHEMICAL DEPENDENCY TREATMENT**
5.3 **PROGRAM.**

5.4 (a) Applicants and license holders for chemical dependency residential and nonresidential
5.5 programs must demonstrate compliance with HIV minimum standards ~~prior to~~ before their
5.6 application ~~being~~ is complete. The HIV minimum standards contained in the HIV-1
5.7 Guidelines for chemical dependency treatment and care programs in Minnesota are not
5.8 subject to rulemaking.

5.9 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all
5.10 chemical dependency treatment staff and clients to the HIV minimum standards. Thereafter,
5.11 orientation shall be provided to all staff and clients, within 72 hours of employment or
5.12 admission to the program. In-service training shall be provided to all staff on at least an
5.13 annual basis and the license holder shall maintain records of training and attendance.

5.14 (c) The license holder shall maintain a list of referral sources for the purpose of making
5.15 necessary referrals of clients to HIV-related services. The list of referral services shall be
5.16 updated at least annually.

5.17 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
5.18 developed and followed by the license holder. All policies and procedures concerning HIV
5.19 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
5.20 ~~training on HIV minimum standards to applicants~~ must outline the content required in the
5.21 annual staff training under paragraph (b).

5.22 (e) The commissioner may permit variances from the requirements in this section. License
5.23 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

5.24 Sec. 7. Minnesota Statutes 2021, section 245B.05, is amended by adding a subdivision to
5.25 read:

5.26 Subd. 7. Substance use disorder direct care staff increase. (a) At least 80 percent of
5.27 the ten percent rate increase provided for substance use disorder services under section
5.28 254B.12, subdivision 5, for services provided between January 1, 2023, and March 31,
5.29 2025, must be used to increase compensation-related costs for employees directly employed
5.30 by the program on or after January 1, 2023. For the purposes of this paragraph,
5.31 "compensation-related costs" include:

5.32 (1) wages and salaries;

6.1 (2) the employer's share of FICA taxes, Medicare taxes, state and federal unemployment
6.2 taxes, workers' compensation, and mileage reimbursement;

6.3 (3) the employer's paid share of health and dental insurance, life insurance, disability
6.4 insurance, long-term care insurance, uniform allowance, pensions, and contributions to
6.5 employee retirement accounts; and

6.6 (4) benefits that address direct support professional workforce needs, above and beyond
6.7 benefits offered to employees prior to January 1, 2023, including retention and recruitment
6.8 bonuses and tuition reimbursement.

6.9 (b) Compensation-related costs for persons employed in the central office of a corporation
6.10 or entity that has an ownership interest in the provider or exercises control over the provider,
6.11 or for persons paid by the provider under a management contract, do not count toward the
6.12 80 percent requirement under this subdivision.

6.13 (c) A provider agency or individual provider that receives a rate subject to the
6.14 requirements of this subdivision shall prepare, and upon request submit to the commissioner,
6.15 a distribution plan that specifies the amount of money the provider expects to receive that
6.16 is subject to the requirements of this subdivision, including how that money was or will be
6.17 distributed to increase compensation-related costs for employees. Within 60 days of final
6.18 implementation of a rate adjustment subject to the requirements of this subdivision, the
6.19 provider must post the distribution plan. The distribution plan must remain posted for a
6.20 period of at least six months in an area of the provider's operation to which all direct support
6.21 professionals have access.

6.22 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
6.23 whichever is later. The commissioner of human services shall inform the revisor of statutes
6.24 when federal approval is obtained.

6.25 Sec. 8. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

6.26 Subdivision 1. **General application and license requirements.** An applicant for licensure
6.27 as a clinically managed withdrawal management program or medically monitored withdrawal
6.28 management program must meet the following requirements, except where otherwise noted.
6.29 All programs must comply with federal requirements and the general requirements in sections
6.30 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
6.31 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
6.32 be a supervised living facility with a class A or B license from the Department of Health
6.33 under Minnesota Rules, parts 4665.0100 to 4665.9900.

7.1 Sec. 9. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision to
7.2 read:

7.3 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
7.4 direction of the license holder to present to clients on topics in which they have expertise
7.5 and that the license holder has determined to be beneficial to client's recovery. Tribally
7.6 licensed programs have autonomy to identify the qualifications of their guest speakers.

7.7 Sec. 10. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
7.8 to read:

7.9 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
7.10 document in the client record any significant event that occurs at the program within 24
7.11 hours of the event. A significant event is an event that impacts the client's relationship with
7.12 other clients, staff, the client's family, or the client's treatment plan.

7.13 (b) A residential treatment program must document in the client record the following
7.14 items within 24 hours that each occurs:

7.15 (1) medical and other appointments the client attended if known by the provider;

7.16 (2) concerns related to medications that are not documented in the medication
7.17 administration record; and

7.18 (3) concerns related to attendance for treatment services, including the reason for any
7.19 client absence from a treatment service.

7.20 Sec. 11. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

7.21 ~~Subd. 3. **Documentation of treatment services; Treatment plan review.** (a) A review~~
7.22 ~~of all treatment services must be documented weekly and include a review of:~~

7.23 ~~(1) care coordination activities;~~

7.24 ~~(2) medical and other appointments the client attended;~~

7.25 ~~(3) issues related to medications that are not documented in the medication administration~~
7.26 ~~record; and~~

7.27 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
7.28 ~~absence from a treatment service.~~

8.1 ~~(b) A note must be entered immediately following any significant event. A significant~~
 8.2 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
 8.3 ~~family, or the client's treatment plan.~~

8.4 ~~(e) (a)~~ A treatment plan review must be entered in a client's file ~~weekly or after each~~
 8.5 ~~treatment service, whichever is less frequent, by the staff member providing the service by~~
 8.6 ~~an alcohol and drug counselor at least every 28 calendar days, when there is a significant~~
 8.7 ~~change in the client's situation, functioning, or service methods, or at the request of the~~
 8.8 ~~client.~~ The review must indicate the span of time covered by the review and each of the six
 8.9 dimensions listed in section 245G.05, subdivision 2, paragraph (c). The review must:

8.10 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
 8.11 ~~response to each service;~~

8.12 ~~(2) (1)~~ address each goal in the treatment plan and whether the methods to address the
 8.13 goals are effective;

8.14 ~~(3) (2)~~ include monitoring of any physical and mental health problems;

8.15 ~~(4) (3)~~ document the participation of others;

8.16 ~~(5) (4)~~ document staff recommendations for changes in the methods identified in the
 8.17 treatment plan and whether the client agrees with the change; and

8.18 ~~(6) (5)~~ include a review and evaluation of the individual abuse prevention plan according
 8.19 to section 245A.65.

8.20 ~~(d) (b)~~ Each entry in a client's record must be accurate, legible, signed, and dated. A late
 8.21 entry must be clearly labeled "late entry." A correction to an entry must be made in a way
 8.22 in which the original entry can still be read.

8.23 **EFFECTIVE DATE.** This section is effective August 1, 2022.

8.24 Sec. 12. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision
 8.25 to read:

8.26 **Subd. 1a. Transition follow-up services.** (a) A client that was discharged from a
 8.27 treatment center may, pursuant to the client's request, receive individual transition follow-up
 8.28 counseling services from the treatment center from which the client was discharged for up
 8.29 to one year following the client's discharge. The transition follow-up services must be
 8.30 designed to address the client's needs related to substance use, develop strategies to avoid
 8.31 harmful substance use after discharge, and help the client obtain the services necessary to
 8.32 establish or maintain a lifestyle free from the harmful effects of substance use disorder.

9.1 (b) A provider that provides transition follow-up counseling services under paragraph
9.2 (a) may bill for the services described in subdivision 1, paragraph (a), at the same rate as
9.3 for individual counseling sessions.

9.4 (c) In any given month, a client must not exceed four sessions of treatment services
9.5 under subdivision 1, paragraph (a).

9.6 (d) A provider must document in the client's file the services provided under this section.
9.7 The treatment provider is not required to conduct a new comprehensive assessment and is
9.8 not required to open or reopen a treatment plan or document ongoing progress notes in a
9.9 treatment plan review as required by section 245G.06, subdivision 3.

9.10 (e) Prepaid medical assistance plans under section 256B.69 must allow members to
9.11 access this benefit at their discretion.

9.12 **EFFECTIVE DATE.** This section is effective January 1, 2023.

9.13 Sec. 13. Minnesota Statutes 2020, section 245G.07, is amended by adding a subdivision
9.14 to read:

9.15 Subd. 2a. **Transition support services.** (a) The commissioner must offer transition
9.16 support services for six months to a person who:

9.17 (1) has completed a treatment program according to section 245G.14, subdivision 3,
9.18 that required 15 or more hours of treatment services per week; and

9.19 (2) receives medical assistance under chapter 256B or services from the behavioral
9.20 health fund under chapter 254.

9.21 (b) The transition support services must include:

9.22 (1) a \$500 monthly voucher for recovery safe housing;

9.23 (2) \$500 per month for food support unless the person is eligible for more, whichever
9.24 is greater;

9.25 (3) child care up to 20 hours per week unless the person is eligible for more, whichever
9.26 is greater; and

9.27 (4) transportation services to ensure attendance at group meetings and ability to look
9.28 for work and meet needs of daily living. Transportation services must include:

9.29 (i) for persons well-served by public transit, a monthly public transit pass; or

9.30 (ii) for persons who are not well-served by public transit or who have access to personal
9.31 transportation, a \$120 gas card each month.

10.1 (c) The commissioner must maximize existing federal and state funding sources the
10.2 person is eligible for to implement this subdivision and may not count these benefits as
10.3 income for the purposes of qualifying for public assistance programs.

10.4 (d) These transition services are provided to eligible recipients for the full duration of
10.5 six months regardless of public assistance eligibility during the six month period of time.
10.6 The commissioner shall seek a federal waiver to allow these individuals to remain eligible
10.7 for medical assistance for the six-month period.

10.8 Sec. 14. Minnesota Statutes 2020, section 245G.12, is amended to read:

10.9 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

10.10 A license holder must develop a written policies and procedures manual, indexed
10.11 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
10.12 immediate access to all policies and procedures and provides a client and other authorized
10.13 parties access to all policies and procedures. The manual must contain the following
10.14 materials:

10.15 (1) assessment and treatment planning policies, including screening for mental health
10.16 concerns and treatment objectives related to the client's identified mental health concerns
10.17 in the client's treatment plan;

10.18 (2) policies and procedures regarding HIV according to section 245A.19;

10.19 (3) the license holder's methods and resources to provide information on tuberculosis
10.20 and tuberculosis screening to each client and to report a known tuberculosis infection
10.21 according to section 144.4804;

10.22 (4) personnel policies according to section 245G.13;

10.23 (5) policies and procedures that protect a client's rights according to section 245G.15;

10.24 (6) a medical services plan according to section 245G.08;

10.25 (7) emergency procedures according to section 245G.16;

10.26 (8) policies and procedures for maintaining client records according to section 245G.09;

10.27 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and
10.28 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

10.29 (10) a description of treatment services that: (i) includes the amount and type of services
10.30 provided; (ii) identifies which services meet the definition of group counseling under section
10.31 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics a guest speaker could

- 11.1 provide services under the direction of a licensed alcohol and drug counselor; and (iv)
 11.2 defines the program's treatment week;
- 11.3 (11) the methods used to achieve desired client outcomes;
- 11.4 (12) the hours of operation; and
- 11.5 (13) the target population served.

11.6 Sec. 15. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
 11.7 to read:

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

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

11.11 (1) outpatient treatment services that are licensed according to sections 245G.01 to
 11.12 245G.17, or applicable tribal license;

11.13 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
 11.14 and 245G.05;

11.15 (3) ~~care~~ treatment coordination services provided according to section 245G.07,
 11.16 subdivision 1, paragraph (a), clause (5);

11.17 (4) peer recovery support services provided according to section 245G.07, subdivision
 11.18 2, clause (8);

11.19 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
 11.20 services provided according to chapter 245F;

11.21 (6) medication-assisted therapy services that are licensed according to sections 245G.01
 11.22 to 245G.17 and 245G.22, or applicable Tribal license;

11.23 (7) medication-assisted therapy plus enhanced treatment services that meet the
 11.24 requirements of clause (6) and provide nine hours of clinical services each week;

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

11.28 A license holder that is unable to provide all residential treatment services because a client
 11.29 missed services remains eligible to bill for the client's intensity level of services under this
 11.30 clause if the license holder can document the reason the client missed services and the

12.1 interventions done to address the client's absence. Hours in a treatment week may be reduced
12.2 in observance of federally recognized holidays;

12.3 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
12.4 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to
12.5 144.56;

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

12.10 (11) high-intensity residential treatment services that are licensed according to sections
12.11 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, ~~which~~ that provide 30 hours
12.12 of clinical services each week provided by a state-operated vendor or to clients who have
12.13 been civilly committed to the commissioner, present the most complex and difficult care
12.14 needs, and are a potential threat to the community; and

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

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

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

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

12.20 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
12.21 9503; or

12.22 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
12.23 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

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

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

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

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

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

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

13.5 (5) programs that offer services to individuals with co-occurring mental health and
13.6 chemical dependency problems if:

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

13.8 (ii) ~~25 percent of the~~ employee sufficient counseling staff who are licensed mental health
13.9 professionals, as defined in section 245.462, subdivision 18, clauses (1) to (6), or are students
13.10 or licensing candidates under the supervision of a licensed alcohol and drug counselor
13.11 supervisor and licensed mental health professional, ~~except that no more than 50 percent of~~
13.12 ~~the mental health staff may be students or licensing candidates with time documented to be~~
13.13 ~~directly related to provisions of co-occurring~~ to meet the need for client services;

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

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

13.19 (v) family education is offered that addresses mental health and substance abuse disorders
13.20 and the interaction between the two; and

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

13.23 (d) ~~In order~~ To be eligible for a higher rate under paragraph (c), clause (1), a program
13.24 that provides arrangements for off-site child care must maintain current documentation at
13.25 the chemical dependency facility of the child care provider's current licensure to provide
13.26 child care services. Programs that provide child care according to paragraph (c), clause (1),
13.27 must be deemed in compliance with the licensing requirements in section 245G.19.

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

13.31 (f) Subject to federal approval, substance use disorder services that are otherwise covered
13.32 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
13.33 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to

14.1 the condition and needs of the person being served. Reimbursement shall be at the same
14.2 rates and under the same conditions that would otherwise apply to direct face-to-face services.

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

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

14.12 (i) Programs using a qualified guest speaker shall maintain documentation of the person's
14.13 qualifications to present to clients on a topic the program has determined to be of value to
14.14 its clients. A qualified counselor shall be present during the delivery of content and will be
14.15 responsible for documentation of the group.

14.16 Sec. 16. Minnesota Statutes 2020, section 254B.05, is amended by adding a subdivision
14.17 to read:

14.18 Subd. 6. **Temporary rate increase.** (a) Beginning on or before July 1, 2024, the
14.19 commissioner must increase the base rate for services under this section and section
14.20 256B.0759, subdivision 6, by 14 percent. This rate increase remains in effect until the new
14.21 comprehensive rate framework under Laws 2021, First Special Session chapter 7, article
14.22 17, section 18, for substance use disorder residential and outpatient services is implemented.
14.23 By February 1, 2024, the commissioner must report annually to the chairs and ranking
14.24 minority members of the legislative committees and divisions with jurisdiction over health
14.25 and human services policy and finance the status of the framework implementation.

14.26 (b) This subdivision expires the day following the implementation of the new
14.27 comprehensive rate framework under Laws 2021, First Special Session chapter 7, article
14.28 17, section 18. The commissioner of human services must notify the revisor of statutes when
14.29 the new comprehensive rate framework is implemented.

15.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 254B.051, is amended to read:

15.2 **254B.051 SUBSTANCE USE DISORDER TREATMENT EFFECTIVENESS.**

15.3 Subdivision 1. Commissioner to collect additional data. In addition to the substance
15.4 use disorder treatment program performance outcome measures that the commissioner of
15.5 human services collects annually from treatment providers, the commissioner shall request
15.6 additional data from programs that receive appropriations from the behavioral health fund.
15.7 This data shall include number of client readmissions six months after release from inpatient
15.8 treatment, and the cost of treatment per person for each program receiving behavioral health
15.9 funds. The commissioner ~~may~~ must post this data on the department website.

15.10 Subd. 2. Data to be provided. All data collected by the commissioner from substance
15.11 use disorder treatment providers, including but not limited to: claims, the drug and alcohol
15.12 abuse normative evaluation system, the utilization management system, the demonstration
15.13 project, and cost reporting must be made available to substance use disorder treatment
15.14 providers. The commissioner must provide the data in a format that complies with chapter
15.15 13 in an electronic format that permits providers to access all information provided by them
15.16 to the commissioner at least annually. The commissioner must provide for a feature in
15.17 reporting data to substance use disorder providers that allows them to compare their
15.18 performance against other providers. The commissioner must work with substance use
15.19 disorder providers to design the reporting system and format of data availability for the
15.20 purposes of improving the efficiency and effectiveness of substance use disorder program
15.21 services.

15.22 Sec. 18. Minnesota Statutes 2020, section 254B.12, is amended by adding a subdivision
15.23 to read:

15.24 Subd. 5. Substance use disorder services provider rate increase effective January
15.25 1, 2023. For substance use disorder services listed in sections 254B.05, subdivision 5, and
15.26 256B.0759, subdivision 6, provided on or after January 1, 2023, payment rates shall be
15.27 increased by ten percent over the rates in effect on December 31, 2022.

15.28 Sec. 19. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended
15.29 to read:

15.30 Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner,
15.31 by December 15 of each year, ~~beginning December 15, 2021,~~ shall submit to the chairs and
15.32 ranking minority members of the legislative committees with jurisdiction over health care

16.1 policy and finance a report on managed care and county-based purchasing plan provider
16.2 reimbursement rates.

16.3 (b) The report must include, for each managed care and county-based purchasing plan,
16.4 the mean and median provider reimbursement rates by county for the calendar year preceding
16.5 the reporting year, for the five most common billing codes statewide across all plans, in
16.6 each of the following provider service categories if within the county there are more than
16.7 three medical assistance enrolled providers providing the specific service within the specific
16.8 category:

16.9 (1) physician prenatal services;

16.10 (2) physician preventive services;

16.11 (3) physician services other than prenatal or preventive;

16.12 (4) dental services;

16.13 (5) inpatient hospital services;

16.14 (6) outpatient hospital services; ~~and~~

16.15 (7) mental health services; and

16.16 (8) substance use disorder services.

16.17 (c) The commissioner shall also include in the report:

16.18 (1) the mean and median reimbursement rates across all plans by county for the calendar
16.19 year preceding the reporting year for the billing codes and provider service categories
16.20 described in paragraph (b); and

16.21 (2) the mean and median fee-for-service reimbursement rates by county for the calendar
16.22 year preceding the reporting year for the billing codes and provider service categories
16.23 described in paragraph (b).

16.24 Sec. 20. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended to
16.25 read:

16.26 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
16.27 **TREATMENT PAPERWORK REDUCTION.**

16.28 (a) The commissioner of human services, in consultation with counties, tribes, managed
16.29 care organizations, substance use disorder treatment professional associations, and other
16.30 relevant stakeholders, shall develop, assess, and recommend systems improvements to

17.1 minimize regulatory paperwork and improve systems for substance use disorder programs
17.2 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
17.3 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
17.4 of human services shall make available any resources needed from other divisions within
17.5 the department to implement systems improvements.

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

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

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

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

17.20 (f) By ~~December 15, 2022~~, Within two years of contracting with a qualified vendor
17.21 according to paragraph (d), the commissioner of human services shall take steps to implement
17.22 paperwork reductions and systems improvements within the commissioner's authority and
17.23 submit to the chairs and ranking minority members of the legislative committees with
17.24 jurisdiction over health and human services a report that includes recommendations for
17.25 changes in statutes that would further enhance systems improvements to reduce paperwork.
17.26 The report shall include a summary of the approaches developed and assessed by the
17.27 commissioner of human services and stakeholders and the results of any assessments
17.28 conducted."

17.29 Amend the title accordingly