

53.6

**ARTICLE 4**

53.7

**SUBSTANCE USE DISORDER SERVICES**

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

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

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

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

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

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

53.21 (iii) professional and ethical responsibilities;

53.22 (iv) multicultural aspects of chemical dependency;

53.23 (v) co-occurring disorders; and

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

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

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

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

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

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

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

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

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

46.9

**ARTICLE 5**

46.10

**SUBSTANCE USE DISORDER SERVICES**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

56.21 overdose.

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

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

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

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

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

56.27 to read:

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

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

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

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

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

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

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

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

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

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

57.7 and 626.557, subdivision 14, when applicable;

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

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

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

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

57.12 subdivision 4.

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

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

57.15 to read:

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

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

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

57.19 prepared by a student intern.

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

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

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

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

48.24 overdose.

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

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

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

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

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

49.2 to read:

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

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

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

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

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

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

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

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

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

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

49.13 and 626.557, subdivision 14, when applicable;

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

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

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

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

49.18 subdivision 4.

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

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

49.21 to read:

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

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

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

49.25 prepared by a student intern.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

62.23 (i) the client;

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

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

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

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

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

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

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

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

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

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

57.23 (i) the client;

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

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

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

62.28 (i) the client;

62.29 (ii) the client's spouse;

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

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

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

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

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

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

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

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

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

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

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

57.28 (i) the client;

57.29 (ii) the client's spouse;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

64.28 (1) be nonprofit organizations;

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

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

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

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

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

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

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

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

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

59.28 (1) be nonprofit organizations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

70.4 (3) have written policies regarding evictions;

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

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

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

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

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

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

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

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

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

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

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

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

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

68.13 (3) have written policies regarding evictions;

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

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

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

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

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

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

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

70.23 (10) have rules for residents;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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74.3 the department to implement systems improvements.

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

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

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

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

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

76.26 Sec. 24. **REPEALER.**

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

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

74.8 (d) The commissioner of human services shall contract with a vendor that has experience  
74.9 with developing statewide system changes for multiple states at the payer and provider  
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74.24 The report shall include a summary of the approaches developed and assessed by the  
74.25 commissioner of human services and stakeholders and the results of any assessments  
74.26 conducted.

74.27 Sec. 30. **REPEALER.**

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