The Purpose for the bill: At a time when there are record overdose deaths, more substance use and protracted bouts of isolation Minnesota is seeing access to treatment fall below 2016 levels. Between 2019 and 2020 access to substance use disorder treatment fell from over 63,120 to 55,545 treated.

ARTICLE 1 - PATIENT SERVICES AND SUPPORTS

Substance use disorder (SUD) is a chronic disease. Yet many still believe after you go to treatment, you are "cured." While some individuals experience long-term recovery after one or two treatment episodes, others experience co-occurring mental illness and chronic health issues, leaving them with very low recovery capital which compounds their healing journey. This article seeks to spotlight those who need more support to sustain the gains they made during the treatment experiences and to align the system of care to one that treats substance use disorder as a longterm, chronic disease rather than an episodic illness.

Housing Fidelity Bonds. Sec. 1, MS 116J.418 - *amended*

Issue: Many people who experiencing substance use disorders, and are on Medical Assistance, report challenges in securing rental housing due to limited rental history or due to criminal justice engagement while they were active in substance use. A lack of recovery safe housing is often a trigger to recurrence of symptoms for people in recovery.

Policy recommendation: This proposal builds off the federal employer fidelity bonding program. It is an existing program through the Department of Labor. This section instructs the Commissioner to pursue permission to use the model of the employer program and extend it to housing bonds. Essentially, the prospective landlord would receive a fidelity bond in the amount of $5,000 to $25,000 for a six-month period. If needed the landlord would be reimbursed for damage to their property through the bond. This program would be closely tethered to the existing housing stability services already available through the Department of Human Services.

Birth Certificate, State Issued Identification and Driver's License Fees Waived. Sec. 2-4, MS 144.2256, 144.226 subd. 9, 171.06 subd. 8 - *amended*

Issue: People who are on Medical Assistance and are in treatment for a substance use disorder often describe a chaotic environment prior to coming to treatment. Often during this period vital documents like a birth certificate and "official" state issued identification may be lost. It is regularly reported that these individuals are unable to afford the fees necessary to acquire this documentation.

Policy recommendation: If policymakers want to see individuals thrive in a post treatment experience - providing them access to their birth certificate and state identification can help. These key pieces of documentation become important when trying to get a job, renting housing and other important community engagement activities.

Individual Counseling Access Post Treatment. Sec. 6, MS 245G.07 subd. 1a

Issue: The Minnesota system of care continues to treat substance use disorder as an episode of care and not the chronic disease that it is. Once an individual completes treatment there are barriers to accessing the therapeutic relationship with their former counselor. Individuals who are newly in recovery have stated they would benefit from recovery supportive, periodic access to their counselor without having to reenter treatment.

Policy recommendation: This section allows the patient to determine the frequency of if/ when they tap back into a trusted clinical counselor who already knows them. Visits are limited (4 per month) and it is expected that if the SUD counselor believes that it is in the person's best interest to return to treatment; they will recommend they do so.

Transition Support Service Package Post Treatment Completion. Sec. 7, MS 245G.07 subd. 2a

Issue: When a person is discharged from an intensive treatment program there remain many life tasks the patient needs to sort through and arrange for. Patients often share their trepidation about reentering the community as a recovering person. After the patient leaves treatment they need to further practice and develop the skills learned during treatment. Those on Medicaid report struggling the most with housing, transportation, food and child care. This package of transition services helps mitigate these triggers leading to relapse that frequently come with homelessness and the inability to access community support.

Policy recommendation: People who have successfully completed treatment from a treatment program of 15 hours per week or more will be given a stipend for: housing, transportation, childcare, and food support. With these services in place for six months it will help to stabilize the gains they made during treatment. This section also directs the Commissioner to maximize existing federal and state funding sources for this package to mitigate the fiscal impact. The section also directs the Commissioner to work behind the scenes to braid funding sources into a package that streamlines the process and does not require the patient to make numerous applications.

Expand Options for Guest Speakers. Sec. 5, 8, MS 245G.01 subd. 13b, 245G.12, Art. 2, sec. 3254B.05, subd. 5

Issue: Diversity in subject matter experts help to bring new dimensions to group counseling. It is reasonable to expect that a counselor may want to bring in someone who has expertise in an area the group has been exploring. Currently, unless the guest speaker is a qualified professional with certain credentials the group session is not a billable service even if the counselor is present.

Policy recommendation: These sections give counselors more opportunities to bring in guest speakers who are expert in their subject matter e.g. HIV, health, safety, or recovery. The sections also ensure that

the scope of topics the guest speaker covers are therapeutically related. A definition of guest speaker is provided.

Reporting Required by Commissioner. Sec. 9, MS 254B.051

Issue: Substance use disorder treatment providers provide a lot of data to DHS. However, this data is not made available to the providers to support and improve their work with patients. While the healthcare system is moving toward data driven decision-making, substance use disorder treatment providers are struggling to obtain basic data reports from DHS.

Policy recommendation: The Commissioner must provide the data it receives from providers back to them in an electronic format at least annually. The Commissioner must provide for a feature in reporting data to substance use disorder providers that allows them to compare their performance against other providers. The Commissioner must work with substance use disorder providers to design the reporting system and format of data availability.

ARTICLE 2 - WORKFORCE

The human services field is wrestling with a workforce shortage. The shortage of counselors and nursing staff has hit the substance use disorder field particularly hard. It is difficult to compete with some of the other industries who can offer higher wages and benefits. This article seeks to keep this field on par with wages in the field, offers a paid path to employ interns immediately after they graduate, and ease workloads related to documentation that drive counselors from practicing in the field.

Continuity of Work Between Internship and Licensure Approval for Alcohol and Drug Counselors. Sec. 1, MS. 148F.11, subd. 2a

Issue*:* Delays in the Alcohol and Drug Counselor (LADC) licensure approval process not only impacts the workforce but reduces the continuity of care for SUD patients. Emerging clinicians typically can wait several weeks for the Board approval due to the required paperwork from schools and a second background check. They are not allowed to practice during this time period despite having met all competency requirements during their internships.

Policy recommendation*:* This section would allow these former students a “90 day window” from the date of the student’s degree conferral, to practice under the supervision of the agency as an alcohol and drug counselor.

Provide Current Training on HIV for Treatment Staff. Sec. 2, MS 245A.19 *amendment moves to Art. 3*

Issue*:* Providers are required to use an outdated, 31 page document to train staff. Providers have been told that they cannot modify this document for training purposes and must use the full document including the outdated link.

Policy recommendation*:* The change in this section is for the Commissioner to outline the topic sections so providers can develop their own HIV training for staff with accurate information.

Flexibility in Residential Treatment Hours and Co-occurring Credentialed Staff. Sec. 3, MS 254B.05, subd. 5

Issue: Residential programs generally provide more than the required hours of weekly billable service to patients due to this section's requirements. Some patients have difficulty participating in all services for various reasons such as motivation constraints, medical appointments or medical concerns (COVID-19), psychological issues, court dates, etc. Program staff must dedicate more time to address these issues then they do with stable, engaged patients, but providers are being asked to bill for fewer services and/or being threatened with allegations of fraud and clawbacks if they bill for the patient's level of intensity.

Providers with a co-occurring enhanced license are required to have 25% of their clinical team be fully licensed professionals and there is a limit on the number of interns, or pre-licensed staff, the agency can engage. This creates an undue burden on providers due to the workforce shortage. The current ratio punishes institutions who are a "learning institution" and those agencies who are developing mental health practitioners.

Policy recommendation*:* This section provides a means for programs to be reimbursed time expended for these patients even if they are unable to attend all hours of programming, and would allow providers to determine the adequate staffing complement for co-occurring needs as long as the basic requirements are met. It would reduce the workforce burden for programs and support "learning institutions" to attract professionals seeking MH internships. These recommendations would also allow for federal holidays without penalizing residential providers.

Temporary Rate Increase Until Rate Methodology Implemented. Sec. 4, MS 254B.05, subd. 6 - *amended*

Issue*:* During the 2021 session the Commissioner of Human Services was directed to develop a substance use disorder rate methodology. Substance use disorder base rates have been essentially held flat for the last 12 years. Implementation of a rate methodology is long overdue.

Policy recommendation: Beginning July 2024 the section gives a temporary provider rate increase of 14% if the new rate setting process has not been implemented by DHS. Once the rate methodology is implemented, the increase expires. An annual status update by the Commissioner is required.

Rate Increase for Direct Care Staff. Sec. 5, MS 254B.12 subd. 5 - *amended*

Issue*:* The ability to pay direct care staff competitive wages is increasingly difficult. Treatment providers are competing against other less intensive industries that will pay better salaries and benefits.

Policy recommendation*:* This proposal would allow a 10% base rate increase to SUD treatment services. Essentially, if the legislature implements workforce solutions with rate increases for the care industries, substance use disorder treatment providers would like to be included.

ARTICLE 3 - SERVICE PRESERVATION AND ACCESS

The therapeutic alliance between a counselor and their patient is instrumental in achieving recovery goals. MARRCH member surveys consistently show a range of 25-40% of time counselors dedicate to documentation This section provides relief in documentation requirements and timelines for counselors that overburdens them with paperwork. It is aimed at allowing them more direct time with their patients. Paperwork burden is contributing to counselor burnout with little value added to outcomes.

Permit A Licensed Supervised Living Facilities to Provide Withdrawal Management. Sec. 1, MS 245F.04, subd. 1

***Issue**:* There is an overwhelming prevalence of overdose deaths and challenges with starting treatment while intoxicated or in withdrawal. Currently withdrawal management programs can only operate with a Supervised Living Facility (SLF) Class B license, which is for non-ambulatory patients (MN Chapter 4665). Many residential SUD programs already meet SLF Class A, which is for ambulatory patients. The physical plant requirements for Class B include more required space for bedrooms, hallways, and common areas. These additional requirements prevent existing SUD providers from opening withdrawal management programs due to cost prohibitions of renovating space to meet these requirements.

***Policy recommendation**:* This proposal would allow SLF-A to meet licensing requirements for Withdrawal Management programs. MN Chapter 4665 on Supervised Living Facilities already encompasses numerous health and safety requirements for license holders. These recommendations would allow more opportunities for SUD programs to provide much needed withdrawal management services throughout the state.

Extends Documentation Completion Requirement for Significant Events. Sec. 3, MS 245G.06 subd. 2b

***Issue**:* Currently, significant events need to be documented 'immediately.' There are times when a significant event happens with a patient or within a program that requires staff to attend to the patient or the issue itself. This can be particularly challenging when these events happen at the end of the day.

***Policy recommendation**:* This proposal seeks to allow the license holder to document the record within 24 business hours of the significant event occurring.

Provides Documentation Relief for Treatment Plan Review Requirements. Sec. 4, MS 245G.06 subd. 3

***Issue**:* A treatment plan must be person-centered, developed by an alcohol and drug counselor, and it must identify appropriate goals and methods to address a patient's needs. SUD is a chronic and long term condition that requires sustained treatment efforts. Currently, treatment plans must be updated on a weekly basis. It requires a review of the dates, types, and amount of time for each treatment service provided as well as the 's response to each service. This effort is duplicative of the documentation requirements and adds extra burden as patients do not always have noted changes every week.

***Policy recommendation**:* This proposal seeks to extend the timeline requirements from weekly to 28 days or if there is a significant change (whichever is more frequent) and it eliminates the need to document a patient's response to each service. By splitting the documentation requirements and treatment plan review requirements it provides for clarity and will ease the documentation burden for counselors and allow more time for interaction with patients.

Includes Substance Use Disorder Rates in the Annual Report by the Human Services Commissioner. Sec. 5, MS 256B.69, subd. 9f

***Issue**:* The Commissioner publishes an annual report on reimbursement rates, managed care and county-based purchasing plans for physician, dental, hospital, and mental health services. The current report does not include Substance Use Disorder providers.

***Policy recommendation**:* This proposal seeks to add SUD providers to this report. Having data on reimbursement rates paid will help inform policy makers on SUD reimbursement for services.

Extend Due Date for Paperwork Reduction Report. Sec. 6, MS 2021 Special Session, Chapter 7, Article 11, Sec. 38

***Issue**:* Numerous delays have resulted in this report not being ready by its anticipated deadline.

***Policy recommendation**:* Extending the deadline for the paperwork reduction report will allow adequate time for the contracted vendor to complete the report.