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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2306

03/11/2019 Authored by Edelson
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/18/2019 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time

1.1 A bill for an act
1.2 relating to human services; modifying policy provisions governing housing and
1.3 chemical and mental health; amending Minnesota Statutes 2018, sections 245G.01,
1.4 subdivisions 8, 21, by adding subdivisions; 245G.04; 245G.05; 245G.06,
1.5 subdivisions 1, 2, 4; 245G.07; 245G.08, subdivision 3; 245G.10, subdivision 4;
1.6 245G.11, subdivisions 7, 8; 245G.12; 245G.13, subdivision 1; 245G.15,
1.7 subdivisions 1, 2; 245G.18, subdivisions 3, 5; 245G.22, subdivisions 1, 2, 3, 4, 6,
1.8 7, 15, 16, 17, 19; 254A.03, subdivision 3; 254B.04, by adding a subdivision;
1.9 254B.05, subdivisions 1, 5; 256B.0941, subdivisions 1, 3; 256I.03, subdivisions
1.10 3, 8, 15; 256I.04, subdivisions 1, 2a, 2b, by adding subdivisions; 256I.05,
1.11 subdivisions 1c, 1n, 8; 256I.06, subdivision 2; repealing Minnesota Statutes 2018,
1.12 section 256I.05, subdivision 3.

1.13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.14 ARTICLE 1

1.15 HOUSING

1.16 Section 1. Minnesota Statutes 2018, section 256I.03, subdivision 3, is amended to read:

1.17 Subd. 3. Housing support. "Housing support" means ~~a group living situation~~ assistance
1.18 that provides at a minimum room and board to ~~unrelated~~ persons who meet the eligibility
1.19 requirements of section 256I.04. To receive payment for ~~a group residence rate~~ housing
1.20 support, the residence must meet the requirements under section 256I.04, subdivisions 2a
1.21 to 2f.

1.22 Sec. 2. Minnesota Statutes 2018, section 256I.03, subdivision 8, is amended to read:

1.23 Subd. 8. Supplementary services. "Supplementary services" means housing support
1.24 services provided to individuals in addition to room and board including, but not limited
1.25 to, oversight and up to 24-hour supervision, medication reminders, assistance with

2.1 transportation, arranging for meetings and appointments, ~~and~~ arranging for medical and
2.2 social services, and services identified in section 256I.03, subdivision 12.

2.3 Sec. 3. Minnesota Statutes 2018, section 256I.03, subdivision 15, is amended to read:

2.4 Subd. 15. **Supportive housing.** "Supportive housing" means housing ~~with support~~
2.5 ~~services according to the continuum of care coordinated assessment system established~~
2.6 ~~under Code of Federal Regulations, title 24, section 578.3~~ where people receive services
2.7 necessary to maintain housing stability and where the duration of stay is at the person's
2.8 choice.

2.9 Sec. 4. Minnesota Statutes 2018, section 256I.04, subdivision 1, is amended to read:

2.10 Subdivision 1. **Individual eligibility requirements.** An individual is eligible for and
2.11 entitled to a housing support payment to be made on the individual's behalf if the agency
2.12 has approved the setting where the individual will receive housing support and the individual
2.13 meets the requirements in paragraph (a), (b), or (c).

2.14 (a) The individual is aged, blind, or is over 18 years of age with a disability as determined
2.15 under the criteria used by the title II program of the Social Security Act, and meets the
2.16 resource restrictions and standards of section 256P.02, and the individual's countable income
2.17 after deducting the (1) exclusions and disregards of the SSI program, (2) the medical
2.18 assistance personal needs allowance under section 256B.35, and (3) an amount equal to the
2.19 income actually made available to a community spouse by an elderly waiver participant
2.20 under the provisions of sections 256B.0575, paragraph (a), clause (4), and 256B.058,
2.21 subdivision 2, is less than the monthly rate specified in the agency's agreement with the
2.22 provider of housing support in which the individual resides.

2.23 (b) The individual meets a category of eligibility under section 256D.05, subdivision 1,
2.24 paragraph (a), clauses (1), (3), (4) to (8), and (13), and paragraph (b), if applicable, and the
2.25 individual's resources are less than the standards specified by section 256P.02, and the
2.26 individual's countable income as determined under section 256P.06, less the medical
2.27 assistance personal needs allowance under section 256B.35 is less than the monthly rate
2.28 specified in the agency's agreement with the provider of housing support in which the
2.29 individual resides.

2.30 (c) The individual receives licensed residential crisis stabilization services under section
2.31 256B.0624, subdivision 7, and is receiving medical assistance. The individual may receive
2.32 concurrent housing support payments if receiving licensed residential crisis stabilization
2.33 services under section 256B.0624, subdivision 7.

3.1 (d) An individual who receives ongoing rental subsidies is not eligible for housing
3.2 support payments under paragraph (a) or (b).

3.3 Sec. 5. Minnesota Statutes 2018, section 256I.04, subdivision 2a, is amended to read:

3.4 Subd. 2a. **License required; staffing qualifications.** (a) Except as provided in paragraph
3.5 (b), an agency may not enter into an agreement with an establishment to provide housing
3.6 support unless:

3.7 (1) the establishment is licensed by the Department of Health as a hotel and restaurant;
3.8 a board and lodging establishment; a boarding care home before March 1, 1985; or a
3.9 supervised living facility, and the service provider for residents of the facility is licensed
3.10 under chapter 245A. However, an establishment licensed by the Department of Health to
3.11 provide lodging need not also be licensed to provide board if meals are being supplied to
3.12 residents under a contract with a food vendor who is licensed by the Department of Health;

3.13 (2) the residence is: (i) licensed by the commissioner of human services under Minnesota
3.14 Rules, parts 9555.5050 to 9555.6265; (ii) certified by a county human services agency prior
3.15 to July 1, 1992, using the standards under Minnesota Rules, parts 9555.5050 to 9555.6265;
3.16 (iii) licensed by the commissioner under Minnesota Rules, parts 2960.0010 to 2960.0120,
3.17 with a variance under section 245A.04, subdivision 9; or (iv) licensed under section 245D.02,
3.18 subdivision 4a, as a community residential setting by the commissioner of human services;
3.19 or

3.20 (3) the establishment is registered under chapter 144D and provides three meals a day.

3.21 (b) The requirements under paragraph (a) do not apply to establishments exempt from
3.22 state licensure because they are:

3.23 (1) located on Indian reservations and subject to tribal health and safety requirements;

3.24 or

3.25 ~~(2) a supportive housing establishment that has an approved habitability inspection and~~
3.26 ~~an individual lease agreement and that serves people who have experienced long-term~~
3.27 ~~homelessness and were referred through a coordinated assessment in section 256I.03,~~
3.28 ~~subdivision 15~~ supportive housing establishments where an individual has an approved
3.29 habitability inspection and an individual lease agreement and that is located in the community
3.30 and where an individual wants to live.

3.31 (c) Supportive housing establishments that serve individuals who have experienced
3.32 long-term homelessness and emergency shelters must participate in the homeless management
3.33 information system and a coordinated assessment system as defined by the commissioner.

4.1 (d) Effective July 1, 2016, an agency shall not have an agreement with a provider of
4.2 housing support unless all staff members who have direct contact with recipients:

4.3 (1) have skills and knowledge acquired through one or more of the following:

4.4 (i) a course of study in a health- or human services-related field leading to a bachelor
4.5 of arts, bachelor of science, or associate's degree;

4.6 (ii) one year of experience with the target population served;

4.7 (iii) experience as a mental health certified peer specialist according to section 256B.0615;

4.8 or

4.9 (iv) meeting the requirements for unlicensed personnel under sections 144A.43 to
4.10 144A.483;

4.11 (2) hold a current driver's license appropriate to the vehicle driven if transporting
4.12 recipients;

4.13 (3) complete training on vulnerable adults mandated reporting and child maltreatment
4.14 mandated reporting, where applicable; and

4.15 (4) complete housing support orientation training offered by the commissioner.

4.16 Sec. 6. Minnesota Statutes 2018, section 256I.04, subdivision 2b, is amended to read:

4.17 Subd. 2b. **Housing support agreements.** (a) Agreements between agencies and providers
4.18 of housing support must be in writing on a form developed and approved by the commissioner
4.19 and must specify the name and address under which the establishment subject to the
4.20 agreement does business and under which the establishment, or service provider, if different
4.21 from the ~~group residential housing~~ establishment, is licensed by the Department of Health
4.22 or the Department of Human Services; the specific license or registration from the
4.23 Department of Health or the Department of Human Services held by the provider and the
4.24 number of beds subject to that license; the address of the location or locations at which
4.25 ~~group residential housing support~~ is provided under this agreement; the per diem and monthly
4.26 rates that are to be paid from housing support funds for each eligible resident at each location;
4.27 the number of beds at each location which are subject to the agreement; whether the license
4.28 holder is a not-for-profit corporation under section 501(c)(3) of the Internal Revenue Code;
4.29 and a statement that the agreement is subject to the provisions of sections 256I.01 to 256I.06
4.30 and subject to any changes to those sections.

4.31 (b) Providers are required to verify the following minimum requirements in the
4.32 agreement:

- 5.1 (1) current license or registration, including authorization if managing or monitoring
5.2 medications;
- 5.3 (2) all staff who have direct contact with recipients meet the staff qualifications;
- 5.4 (3) the provision of housing support;
- 5.5 (4) the provision of supplementary services, if applicable;
- 5.6 (5) reports of adverse events, including recipient death or serious injury; ~~and~~
- 5.7 (6) submission of residency requirements that could result in recipient eviction; and
- 5.8 (7) that the provider complies with the prohibition on limiting or restricting the number
5.9 of hours an applicant or recipient is employed, as specified in subdivision 5.

5.10 (c) Agreements may be terminated with or without cause by the commissioner, the
5.11 agency, or the provider with two calendar months prior notice. The commissioner may
5.12 immediately terminate an agreement under subdivision 2d.

5.13 Sec. 7. Minnesota Statutes 2018, section 256I.04, is amended by adding a subdivision to
5.14 read:

5.15 Subd. 2h. **Required supplementary services.** A provider of supplementary services
5.16 shall ensure that a recipient has, at a minimum, assistance with services as identified in the
5.17 recipient's professional statement of need under section 256I.03, subdivision 12. A provider
5.18 of supplementary services shall maintain case notes with the date and description of services
5.19 provided to each recipient.

5.20 Sec. 8. Minnesota Statutes 2018, section 256I.04, is amended by adding a subdivision to
5.21 read:

5.22 Subd. 5. **Employment.** A provider is prohibited from limiting or restricting the number
5.23 of hours an applicant or recipient is employed.

5.24 Sec. 9. Minnesota Statutes 2018, section 256I.05, subdivision 1c, is amended to read:

5.25 Subd. 1c. **Rate increases.** An agency may not increase the rates negotiated for housing
5.26 support above those in effect on June 30, 1993, except as provided in paragraphs (a) to (f).

5.27 (a) An agency may increase the rates for room and board to the MSA equivalent rate
5.28 for those settings whose current rate is below the MSA equivalent rate.

5.29 (b) An agency may increase the rates for residents in adult foster care whose difficulty
5.30 of care has increased. The total housing support rate for these residents must not exceed the

6.1 maximum rate specified in subdivisions 1 and 1a. Agencies must not include nor increase
6.2 difficulty of care rates for adults in foster care whose difficulty of care is eligible for funding
6.3 by home and community-based waiver programs under title XIX of the Social Security Act.

6.4 (c) The room and board rates will be increased each year when the MSA equivalent rate
6.5 is adjusted for SSI cost-of-living increases by the amount of the annual SSI increase, less
6.6 the amount of the increase in the medical assistance personal needs allowance under section
6.7 256B.35.

6.8 (d) When housing support pays for an individual's room and board, or other costs
6.9 necessary to provide room and board, the rate payable to the residence must continue for
6.10 up to 18 calendar days per incident that the person is temporarily absent from the residence,
6.11 not to exceed 60 days in a calendar year, if the absence or absences ~~have received the prior~~
6.12 ~~approval of~~ are reported in advance to the county agency's social service staff. Prior approval
6.13 Advance reporting is not required for emergency absences due to crisis, illness, or injury.

6.14 (e) For facilities meeting substantial change criteria within the prior year. Substantial
6.15 change criteria exists if the establishment experiences a 25 percent increase or decrease in
6.16 the total number of its beds, if the net cost of capital additions or improvements is in excess
6.17 of 15 percent of the current market value of the residence, or if the residence physically
6.18 moves, or changes its licensure, and incurs a resulting increase in operation and property
6.19 costs.

6.20 (f) Until June 30, 1994, an agency may increase by up to five percent the total rate paid
6.21 for recipients of assistance under sections 256D.01 to 256D.21 or 256D.33 to 256D.54 who
6.22 reside in residences that are licensed by the commissioner of health as a boarding care home,
6.23 but are not certified for the purposes of the medical assistance program. However, an increase
6.24 under this clause must not exceed an amount equivalent to 65 percent of the 1991 medical
6.25 assistance reimbursement rate for nursing home resident class A, in the geographic grouping
6.26 in which the facility is located, as established under Minnesota Rules, parts 9549.0051 to
6.27 9549.0058.

6.28 Sec. 10. Minnesota Statutes 2018, section 256I.05, subdivision 1n, is amended to read:

6.29 Subd. 1n. **Supplemental rate; Mahnomen County.** Notwithstanding the provisions of
6.30 this section, for the rate period July 1, 2010, to June 30, 2011, a county agency shall negotiate
6.31 a supplemental service rate in addition to the rate specified in subdivision 1, not to exceed
6.32 \$753 per month or the existing rate, including any legislative authorized inflationary
6.33 adjustments, for a ~~group residential~~ housing support provider located in Mahnomen County

7.1 that operates a 28-bed facility providing 24-hour care to individuals who are homeless,
7.2 disabled, chemically dependent, mentally ill, or chronically homeless.

7.3 Sec. 11. Minnesota Statutes 2018, section 256I.05, subdivision 8, is amended to read:

7.4 Subd. 8. **State participation.** For a ~~resident of a group residence~~ person who is eligible
7.5 under section 256I.04, subdivision 1, paragraph (b), state participation in the ~~group residential~~
7.6 housing support payment is determined according to section 256D.03, subdivision 2. For
7.7 a ~~resident of a group residence~~ person who is eligible under section 256I.04, subdivision 1,
7.8 paragraph (a), state participation in the ~~group residential~~ housing support rate is determined
7.9 according to section 256D.36.

7.10 Sec. 12. Minnesota Statutes 2018, section 256I.06, subdivision 2, is amended to read:

7.11 Subd. 2. **Time of payment.** A county agency may make payments in advance for an
7.12 individual whose stay is expected to last beyond the calendar month for which the payment
7.13 is made. Housing support payments made by a county agency on behalf of an individual
7.14 who is not expected to remain in the ~~group residence~~ establishment beyond the month for
7.15 which payment is made must be made subsequent to the individual's departure from the
7.16 residence.

7.17 Sec. 13. **REPEALER.**

7.18 Minnesota Statutes 2018, section 256I.05, subdivision 3, is repealed.

7.19 **ARTICLE 2**

7.20 **CHEMICAL AND MENTAL HEALTH**

7.21 Section 1. Minnesota Statutes 2018, section 245G.01, subdivision 8, is amended to read:

7.22 Subd. 8. **Client.** "Client" means an individual accepted by a license holder for assessment
7.23 or treatment of a substance use disorder. An individual remains a client until the license
7.24 holder no longer provides or intends to provide the individual with treatment service. Client
7.25 also includes the meaning of patient under section 144.651, subdivision 2.

7.26 Sec. 2. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
7.27 read:

7.28 Subd. 8a. **Client education group.** "Client education group" means gatherings designed
7.29 to teach clients about substance abuse, related behaviors, and consequences and present
7.30 structured, group-specific content to expand awareness of the behavioral, medical, and

8.1 psychological consequences of a substance use disorder and to help clients incorporate
8.2 information to establish and maintain recovery.

8.3 Sec. 3. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
8.4 read:

8.5 Subd. 10a. **Day of service initiation.** "Day of service initiation" means the day the
8.6 license holder begins the provision of a treatment service identified in section 245G.07.

8.7 Sec. 4. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
8.8 read:

8.9 Subd. 13a. **Group counseling.** "Group counseling" means a psychotherapeutic service
8.10 that is professionally led and interactive. Group counseling specifically addresses the
8.11 instillation of hope; the universality experienced by group members; promotes among the
8.12 group members improved self-understanding, psychological growth, and emotional healing
8.13 as indicated in each client's treatment plan; the opportunity to develop insight through
8.14 relationships; and a variety of other concerns specific to the support and recovery of clients
8.15 with substance use disorder.

8.16 Sec. 5. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
8.17 read:

8.18 Subd. 20a. **Person-centered.** "Person-centered" means a client actively participates in
8.19 the client's treatment planning of services. This includes a client making meaningful and
8.20 informed choices about the client's own goals, objectives, and the services the client receives
8.21 in collaboration with the client's identified natural supports.

8.22 Sec. 6. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
8.23 read:

8.24 Subd. 20b. **Staff or staff member.** "Staff" or "staff member" means an individual who
8.25 works under the direction of the license holder regardless of the individual's employment
8.26 status including but not limited to an intern, consultant, individual who works part time, or
8.27 individual who does not provide direct care services.

8.28 Sec. 7. Minnesota Statutes 2018, section 245G.01, subdivision 21, is amended to read:

8.29 Subd. 21. **Student intern.** "Student intern" means an individual who is enrolled in a
8.30 program specializing in alcohol and drug counseling or mental health counseling at an

9.1 accredited educational institution and is authorized by a licensing board to provide services
 9.2 under supervision of a licensed professional.

9.3 Sec. 8. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
 9.4 read:

9.5 Subd. 28. **Treatment week.** "Treatment week" means the seven-day period that the
 9.6 program identified in the program's policy and procedure manual as the day of the week
 9.7 that the treatment program week starts and ends for the purpose of identifying the nature
 9.8 and number of treatment services an individual receives weekly.

9.9 Sec. 9. Minnesota Statutes 2018, section 245G.01, is amended by adding a subdivision to
 9.10 read:

9.11 Subd. 29. **Volunteer.** "Volunteer" means an individual who, under the direction of the
 9.12 license holder, provides services or an activity to a client without compensation.

9.13 Sec. 10. Minnesota Statutes 2018, section 245G.04, is amended to read:

9.14 **245G.04 INITIAL SERVICES PLAN SERVICE INITIATION.**

9.15 Subdivision 1. **Initial services plan.** (a) The license holder must complete an initial
 9.16 services plan ~~on~~ within 24 hours of the day of service initiation. The plan must be
 9.17 person-centered and client-specific, address the client's immediate health and safety concerns,
 9.18 and identify the treatment needs of the client to be addressed in the first treatment session,
 9.19 and make treatment suggestions for the client during the time between intake the day of
 9.20 service initiation and ~~completion~~ development of the individual treatment plan.

9.21 Subd. 2. **Vulnerable adult status.** (b) ~~The initial services plan must include a~~
 9.22 determination of (a) Within 24 hours of the day of service initiation, a nonresidential program
 9.23 must determine whether a client is a vulnerable adult as defined in section 626.5572,
 9.24 subdivision 21. An adult client of a residential program is a vulnerable adult.

9.25 (b) An individual abuse prevention plan, according to sections 245A.65, subdivision 2,
 9.26 paragraph (b), and 626.557, subdivision 14, paragraph (b), is required for a client who meets
 9.27 the definition of vulnerable adult.

10.1 Sec. 11. Minnesota Statutes 2018, section 245G.05, is amended to read:

10.2 **245G.05 COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY.**

10.3 Subdivision 1. **Comprehensive assessment.** (a) A comprehensive assessment of the
10.4 client's substance use disorder must be administered face-to-face by an alcohol and drug
10.5 counselor within three calendar days ~~after~~ from the day of service initiation for a residential
10.6 program or ~~during the initial session for all other programs~~ within three calendar days on
10.7 which a treatment session has been provided from the day of service initiation for a client
10.8 in a nonresidential program. If the comprehensive assessment is not completed ~~during the~~
10.9 ~~initial session,~~ within the required time frame, the ~~client-centered~~ person-centered reason
10.10 for the delay and the planned completion date must be documented in the client's file ~~and~~
10.11 ~~the planned completion date.~~ The comprehensive assessment is complete upon a qualified
10.12 staff member's dated signature. If the client received a comprehensive assessment that
10.13 authorized the treatment service, an alcohol and drug counselor may use the comprehensive
10.14 assessment for requirements of this subdivision but must document a review the of the
10.15 comprehensive assessment and update the comprehensive assessment as clinically necessary
10.16 to determine ensure compliance with this subdivision, ~~including~~ within applicable timelines.
10.17 ~~If available, the alcohol and drug counselor may use current information provided by a~~
10.18 ~~referring agency or other source as a supplement. Information gathered more than 45 days~~
10.19 ~~before the date of admission is not considered current.~~ The comprehensive assessment must
10.20 include sufficient information to complete the assessment summary according to subdivision
10.21 2 and the individual treatment plan according to section 245G.06. The comprehensive
10.22 assessment must include information about the client's needs that relate to substance use
10.23 and personal strengths that support recovery, including:

10.24 (1) age, sex, cultural background, sexual orientation, living situation, economic status,
10.25 and level of education;

10.26 (2) a description of the circumstances on the day of service initiation;

10.27 (3) a list of previous attempts at treatment for substance misuse or substance use disorder,
10.28 compulsive gambling, or mental illness;

10.29 (4) a list of substance use history including amounts and types of substances used,
10.30 frequency and duration of use, periods of abstinence, and circumstances of relapse, if any.
10.31 For each substance used within the previous 30 days, the information must include the date
10.32 of the most recent use and address the absence or presence of previous withdrawal symptoms;

10.33 (5) specific problem behaviors exhibited by the client when under the influence of
10.34 substances;

11.1 (6) ~~family status~~ the client's desire for family involvement in the treatment program,
11.2 family history of substance use and misuse, including history or presence of physical or
11.3 sexual abuse, and level of family support,~~and substance misuse or substance use disorder~~
11.4 ~~of a family member or significant other;~~

11.5 (7) physical and medical concerns or diagnoses, ~~the severity of the concerns,~~ and current
11.6 medical treatment needed or being received related to the diagnoses, and whether the
11.7 concerns ~~are being addressed by a~~ need to be referred to an appropriate health care
11.8 professional;

11.9 (8) mental health history and psychiatric status, including symptoms, ~~disability,~~ and the
11.10 effect on the client's ability to function; current mental health treatment supports; and
11.11 psychotropic medication needed to maintain stability; The assessment must utilize screening
11.12 tools approved by the commissioner pursuant to section 245.4863 to identify whether the
11.13 client screens positive for co-occurring disorders;

11.14 (9) arrests and legal interventions related to substance use;

11.15 (10) a description of how the client's use affected the client's ability to function
11.16 appropriately in work and educational settings;

11.17 (11) ability to understand written treatment materials, including rules and the client's
11.18 rights;

11.19 (12) a description of any risk-taking behavior, including behavior that puts the client at
11.20 risk of exposure to blood-borne or sexually transmitted diseases;

11.21 (13) social network in relation to expected support for recovery ~~and;~~

11.22 (14) leisure time activities that are associated with substance use;

11.23 ~~(14)~~ (15) whether the client is pregnant and, if so, the health of the unborn child and the
11.24 client's current involvement in prenatal care;

11.25 ~~(15)~~ (16) whether the client recognizes ~~problems~~ needs related to substance use and is
11.26 willing to follow treatment recommendations; and

11.27 ~~(16) collateral~~ (17) information from a collateral contact may be included, but is not
11.28 required. If the assessor gathered sufficient information from the referral source or the client
11.29 to apply the criteria in Minnesota Rules, parts 9530.6620 and 9530.6622, a collateral contact
11.30 is not required.

11.31 (b) If the client is identified as having opioid use disorder or seeking treatment for opioid
11.32 use disorder, the program must provide educational information to the client concerning:

- 12.1 (1) risks for opioid use disorder and dependence;
- 12.2 (2) treatment options, including the use of a medication for opioid use disorder;
- 12.3 (3) the risk of and recognizing opioid overdose; and
- 12.4 (4) the use, availability, and administration of naloxone to respond to opioid overdose.
- 12.5 (c) The commissioner shall develop educational materials that are supported by research
- 12.6 and updated periodically. The license holder must use the educational materials that are
- 12.7 approved by the commissioner to comply with this requirement.
- 12.8 (d) If the comprehensive assessment is completed to authorize treatment service for the
- 12.9 client, at the earliest opportunity during the assessment interview the assessor shall determine
- 12.10 if:
- 12.11 (1) the client is in severe withdrawal and likely to be a danger to self or others;
- 12.12 (2) the client has severe medical problems that require immediate attention; or
- 12.13 (3) the client has severe emotional or behavioral symptoms that place the client or others
- 12.14 at risk of harm.
- 12.15 If one or more of the conditions in clauses (1) to (3) are present, the assessor must end the
- 12.16 assessment interview and follow the procedures in the program's medical services plan
- 12.17 under section 245G.08, subdivision 2, to help the client obtain the appropriate services. The
- 12.18 assessment interview may resume when the condition is resolved.
- 12.19 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
- 12.20 assessment summary within three calendar days ~~after~~ from the day of service initiation for
- 12.21 a residential program and within three ~~sessions for all other programs~~ calendar days on
- 12.22 which a treatment session has been provided from the day of service initiation for a client
- 12.23 in a nonresidential program. The comprehensive assessment summary is complete upon a
- 12.24 qualified staff member's dated signature. If the comprehensive assessment is used to authorize
- 12.25 the treatment service, the alcohol and drug counselor must prepare an assessment summary
- 12.26 on the same date the comprehensive assessment is completed. If the comprehensive
- 12.27 assessment and assessment summary are to authorize treatment services, the assessor must
- 12.28 determine appropriate services for the client using the dimensions in Minnesota Rules, part
- 12.29 9530.6622, and document the recommendations.
- 12.30 (b) An assessment summary must include:
- 12.31 (1) a risk description according to section 245G.05 for each dimension listed in paragraph
- 12.32 (c);

13.1 (2) a narrative summary supporting the risk descriptions; and

13.2 (3) a determination of whether the client has a substance use disorder.

13.3 (c) An assessment summary must contain information relevant to treatment service
13.4 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
13.5 consider:

13.6 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
13.7 withdrawal symptoms and current state of intoxication;

13.8 (2) Dimension 2, biomedical conditions and complications; the degree to which any
13.9 physical disorder of the client would interfere with treatment for substance use, and the
13.10 client's ability to tolerate any related discomfort. The license holder must determine the
13.11 impact of continued ~~chemical~~ substance use on the unborn child, if the client is pregnant;

13.12 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
13.13 the degree to which any condition or complication is likely to interfere with treatment for
13.14 substance use or with functioning in significant life areas and the likelihood of harm to self
13.15 or others;

13.16 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
13.17 in treatment service;

13.18 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
13.19 to which the client recognizes relapse issues and has the skills to prevent relapse of either
13.20 substance use or mental health problems; and

13.21 (6) Dimension 6, recovery environment; whether the areas of the client's life are
13.22 supportive of or antagonistic to treatment participation and recovery.

13.23 Sec. 12. Minnesota Statutes 2018, section 245G.06, subdivision 1, is amended to read:

13.24 Subdivision 1. **General.** Each client must have ~~an~~ a person-centered individual treatment
13.25 plan developed by an alcohol and drug counselor within ~~seven~~ ten days from the day of
13.26 service initiation for a residential program and within ~~three~~ five sessions for all other
13.27 programs calendar days on which a treatment session has been provided from the day of
13.28 service initiation for a client in a nonresidential program. Opioid treatment programs must
13.29 complete the individual treatment plan within 21 days from the day of service initiation.
13.30 ~~The client must have active, direct involvement in selecting the anticipated outcomes of the~~
13.31 ~~treatment process and developing the treatment plan.~~ The individual treatment plan must
13.32 be signed by the client and the alcohol and drug counselor and document the client's

14.1 involvement in the development of the plan. ~~The plan may be a continuation of the initial~~
14.2 ~~services plan required in section 245G.04.~~ The individual treatment plan is developed upon
14.3 the qualified staff member's dated signature. Treatment planning must include ongoing
14.4 assessment of client needs. An individual treatment plan must be updated based on new
14.5 information gathered about the client's condition, the client's level of participation, and on
14.6 whether methods identified have the intended effect. A change to the plan must be signed
14.7 by the client and the alcohol and drug counselor. ~~The plan must provide for the involvement~~
14.8 ~~of the client's family and people selected by the client as important to the success of treatment~~
14.9 ~~at the earliest opportunity, consistent with the client's treatment needs and written consent.~~
14.10 If the client chooses to have family or others involved in treatment, the client's individual
14.11 treatment plan must include goals and methods identifying how the family or others will
14.12 be involved in the client's treatment.

14.13 Sec. 13. Minnesota Statutes 2018, section 245G.06, subdivision 2, is amended to read:

14.14 Subd. 2. **Plan contents.** An individual treatment plan must be recorded in the six
14.15 dimensions listed in section 245G.05, subdivision 2, paragraph (c), must address each issue
14.16 identified in the assessment summary, prioritized according to the client's needs and focus,
14.17 and must include:

14.18 (1) specific goals and methods to address each identified need in the comprehensive
14.19 assessment summary, including amount, frequency, and anticipated duration of treatment
14.20 service. The methods must be appropriate to the client's language, reading skills, cultural
14.21 background, and strengths;

14.22 (2) resources to refer the client to when the client's needs are to be addressed concurrently
14.23 by another provider and identification of whether the client has an assessed need of peer
14.24 support services and, if available, how peer support services are made available to the client
14.25 with an assessed need; and

14.26 (3) goals the client must reach to complete treatment and terminate services.

14.27 Sec. 14. Minnesota Statutes 2018, section 245G.06, subdivision 4, is amended to read:

14.28 Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a
14.29 service discharge summary for each client. The service discharge summary must be
14.30 completed within five days of the client's service termination ~~or within five days from the~~
14.31 ~~client's or program's decision to terminate services, whichever is earlier.~~ A copy of the
14.32 service discharge summary must be provided to the client upon the client's request.

15.1 (b) The service discharge summary must be recorded in the six dimensions listed in
 15.2 section 245G.05, subdivision 2, paragraph (c), and include the following information:

15.3 (1) the client's issues, strengths, and needs while participating in treatment, including
 15.4 services provided;

15.5 (2) the client's progress toward achieving each goal identified in the individual treatment
 15.6 plan;

15.7 (3) a risk description according to section 245G.05; ~~and~~

15.8 (4) the reasons for and circumstances of service termination. If a program discharges a
 15.9 client at staff request, the reason for discharge and the procedure followed for the decision
 15.10 to discharge must be documented and comply with the ~~program's policies on staff-initiated~~
 15.11 ~~client discharge. If a client is discharged at staff request, the program must give the client~~
 15.12 ~~crisis and other referrals appropriate for the client's needs and offer assistance to the client~~
 15.13 ~~to access the services.~~ requirements in section 245G.14, subdivision 3, clause (3);

15.14 ~~(e) For a client who successfully completes treatment, the summary must also include:~~

15.15 ~~(1)~~ (5) the client's living arrangements at service termination;

15.16 ~~(2)~~ (6) continuing care recommendations, including transitions between more or less
 15.17 intense services, or more frequent to less frequent services, and referrals made with specific
 15.18 attention to continuity of care for mental health, as needed; and

15.19 ~~(3)~~ (7) service termination diagnosis; ~~and~~

15.20 ~~(4) the client's prognosis.~~

15.21 Sec. 15. Minnesota Statutes 2018, section 245G.07, is amended to read:

15.22 **245G.07 TREATMENT SERVICE.**

15.23 Subdivision 1. **Treatment service.** (a) ~~A license holder~~ licensed residential treatment
 15.24 program must offer provide the following treatment services in clauses (1) to (5) to each
 15.25 client, unless clinically inappropriate and the justifying clinical rationale is documented.
 15.26 A nonresidential treatment program must offer all treatment services in clauses (1) to (5)
 15.27 and document in the individual treatment plan the specific services for which a client has
 15.28 an assessed need and the plan to provide the services:

15.29 (1) individual and group counseling to help the client identify and address needs related
 15.30 to substance use and develop strategies to avoid harmful substance use after discharge and
 15.31 to help the client obtain the services necessary to establish a lifestyle free of the harmful

16.1 effects of substance use disorder; Notwithstanding subdivision 3, individual and group
16.2 counseling services must be provided by an individual who meets the staff qualifications
16.3 of an alcohol and drug counselor in section 245G.11, subdivision 5;

16.4 (2) client education strategies to avoid inappropriate substance use and health problems
16.5 related to substance use and the necessary lifestyle changes to regain and maintain health.
16.6 Client education must include information on tuberculosis education on a form approved
16.7 by the commissioner, the human immunodeficiency virus according to section 245A.19,
16.8 other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis.
16.9 A licensed alcohol and drug counselor must be present during an educational group;

16.10 (3) a service to help the client integrate gains made during treatment into daily living
16.11 and to reduce the client's reliance on a staff member for support;

16.12 (4) a service to address issues related to co-occurring disorders, including client education
16.13 on symptoms of mental illness, the possibility of comorbidity, and the need for continued
16.14 medication compliance while recovering from substance use disorder. A group must address
16.15 co-occurring disorders, as needed. When treatment for mental health problems is indicated,
16.16 the treatment must be integrated into the client's individual treatment plan; and

16.17 ~~(5) on July 1, 2018, or upon federal approval, whichever is later, peer recovery support~~
16.18 ~~services provided one-to-one by an individual in recovery. Peer support services include~~
16.19 ~~education, advocacy, mentoring through self-disclosure of personal recovery experiences,~~
16.20 ~~attending recovery and other support groups with a client, accompanying the client to~~
16.21 ~~appointments that support recovery, assistance accessing resources to obtain housing,~~
16.22 ~~employment, education, and advocacy services, and nonclinical recovery support to assist~~
16.23 ~~the transition from treatment into the recovery community; and~~

16.24 ~~(6) on July 1, 2018, or upon federal approval, whichever is later, care~~ (5) treatment
16.25 coordination provided one-to-one by an individual who meets the staff qualifications in
16.26 section 245G.11, subdivision 7, or an alcohol and drug counselor under section 245G.11,
16.27 subdivision 5. ~~Care~~ Treatment coordination services include:

16.28 (i) assistance in coordination with significant others to help in the treatment planning
16.29 process whenever possible;

16.30 (ii) assistance in coordination with and follow up for medical services as identified in
16.31 the treatment plan;

16.32 (iii) facilitation of referrals to substance use disorder services as indicated by a client's
16.33 medical provider, comprehensive assessment, or treatment plan;

17.1 (iv) facilitation of referrals to mental health services as identified by a client's
17.2 comprehensive assessment or treatment plan;

17.3 (v) assistance with referrals to economic assistance, social services, housing resources,
17.4 and prenatal care according to the client's needs;

17.5 (vi) life skills advocacy and support accessing treatment follow-up, disease management,
17.6 and education services, including referral and linkages to long-term services and supports
17.7 as needed; and

17.8 (vii) documentation of the provision of ~~care~~ treatment coordination services in the client's
17.9 file.

17.10 (b) A treatment service provided to a client must be provided according to the individual
17.11 treatment plan and must consider cultural differences and special needs of a client.

17.12 **Subd. 2. Additional treatment service.** A license holder may provide or arrange the
17.13 following additional treatment service as a part of the client's individual treatment plan:

17.14 (1) relationship counseling provided by a qualified professional to help the client identify
17.15 the impact of the client's substance use disorder on others and to help the client and persons
17.16 in the client's support structure identify and change behaviors that contribute to the client's
17.17 substance use disorder;

17.18 (2) therapeutic recreation to allow the client to participate in recreational activities
17.19 without the use of mood-altering chemicals and to plan and select leisure activities that do
17.20 not involve the inappropriate use of chemicals;

17.21 (3) stress management and physical well-being to help the client reach and maintain an
17.22 appropriate level of health, physical fitness, and well-being;

17.23 (4) living skills development to help the client learn basic skills necessary for independent
17.24 living;

17.25 (5) employment or educational services to help the client become financially independent;

17.26 (6) socialization skills development to help the client live and interact with others in a
17.27 positive and productive manner; ~~and~~

17.28 (7) room, board, and supervision at the treatment site to provide the client with a safe
17.29 and appropriate environment to gain and practice new skills; and

17.30 (8) peer recovery support services provided one-to-one by an individual in recovery.
17.31 Peer support services include education; advocacy; mentoring through self-disclosure of
17.32 personal recovery experiences; attending recovery and other support groups with a client;

18.1 accompanying the client to appointments that support recovery; assistance accessing resources
18.2 to obtain housing, employment, education, and advocacy services; and nonclinical recovery
18.3 support to assist the transition from treatment into the recovery community.

18.4 Subd. 3. **Counselors.** A treatment service, including therapeutic recreation, must be
18.5 provided by an alcohol and drug counselor according to section 245G.11, unless the
18.6 individual providing the service is specifically qualified according to the accepted credential
18.7 required to provide the service. ~~Therapeutic recreation does not include planned leisure~~
18.8 ~~activities.~~ The commissioner shall maintain a current list of professionals qualified to provide
18.9 treatment services, notwithstanding the staff qualification requirements in section 245G.11,
18.10 subdivision 4.

18.11 Subd. 4. **Location of service provision.** The license holder may provide services at any
18.12 of the license holder's licensed locations or at another suitable location including a school,
18.13 government building, medical or behavioral health facility, or social service organization,
18.14 upon notification and approval of the commissioner. If services are provided off site from
18.15 the licensed site, the reason for the provision of services remotely must be documented.
18.16 The license holder may provide additional services under subdivision 2, clauses (2) to (5),
18.17 off-site if the license holder includes a policy and procedure detailing the off-site location
18.18 as a part of the treatment service description and the program abuse prevention plan.

18.19 Sec. 16. Minnesota Statutes 2018, section 245G.08, subdivision 3, is amended to read:

18.20 Subd. 3. **Standing order protocol.** A license holder that maintains a supply of naloxone
18.21 available for emergency treatment of opioid overdose must have a written standing order
18.22 protocol by a physician who is licensed under chapter 147, that permits the license holder
18.23 to maintain a supply of naloxone on site, ~~and.~~ A license holder must require staff to undergo
18.24 specific training in administration of naloxone the specific mode of administration used at
18.25 the program, which may include intranasal administration, intramuscular injection, or both.

18.26 Sec. 17. Minnesota Statutes 2018, section 245G.10, subdivision 4, is amended to read:

18.27 Subd. 4. **Staff requirement.** It is the responsibility of the license holder to determine
18.28 an acceptable group size based on each client's needs ~~except that treatment services provided~~
18.29 ~~in a group shall not exceed 16 clients. A counselor in an opioid treatment program must not~~
18.30 ~~supervise more than 50 clients.~~ Group counseling must be led by an individual meeting the
18.31 requirements of section 245G.11, subdivision 5, and shall not exceed 16 clients. Client
18.32 education and other treatment services delivered in group settings must not exceed a
18.33 client-to-staff ratio of 48 to one. One or more of the attending staff must meet the

19.1 requirements of section 245G.11, subdivision 5. Other attending staff may be a treatment
 19.2 director, supervisor, nurse, counselor, student intern, or other professional or paraprofessional.
 19.3 A recovery peer is excluded from the staff ratio. The license holder must maintain a record
 19.4 that documents compliance with this subdivision.

19.5 Sec. 18. Minnesota Statutes 2018, section 245G.11, subdivision 7, is amended to read:

19.6 Subd. 7. ~~Care~~ **Treatment coordination provider qualifications.** (a) ~~Care~~ Treatment
 19.7 coordination must be provided by qualified staff. An individual is qualified to provide ~~care~~
 19.8 treatment coordination if the individual: meets the qualifications of an alcohol and drug
 19.9 counselor under subdivision 5. An individual who does not meet the qualifications of an
 19.10 alcohol and drug counselor under subdivision 5 is qualified to provide treatment coordination
 19.11 if the individual:

19.12 (1) is skilled in the process of identifying and assessing a wide range of client needs;

19.13 (2) is knowledgeable about local community resources and how to use those resources
 19.14 for the benefit of the client;

19.15 (3) has successfully completed 30 hours of classroom instruction on ~~care~~ treatment
 19.16 coordination for an individual with substance use disorder;

19.17 (4) has either:

19.18 (i) a bachelor's degree in one of the behavioral sciences or related fields; or

19.19 (ii) current certification as an alcohol and drug counselor, level I, by the Upper Midwest
 19.20 Indian Council on Addictive Disorders; and

19.21 (5) has at least 2,000 hours of supervised experience working with individuals with
 19.22 substance use disorder.

19.23 (b) A ~~care~~ treatment coordinator must receive at least one hour of supervision regarding
 19.24 individual service delivery from an alcohol and drug counselor ~~weekly~~ monthly.

19.25 Sec. 19. Minnesota Statutes 2018, section 245G.11, subdivision 8, is amended to read:

19.26 Subd. 8. **Recovery peer qualifications.** A recovery peer must:

19.27 (1) have a high school diploma or its equivalent;

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

19.29 (3) hold a current credential from ~~a certification body approved by the commissioner~~
 19.30 ~~that demonstrates~~ the Minnesota Certification Board, the Upper Midwest Indian Council

20.1 on Addictive Disorders, or the National Association for Alcoholism and Drug Abuse
20.2 Counselors. An individual may also receive a credential from a tribal nation when providing
20.3 peer recovery support services in a tribally licensed program. The credential must demonstrate
20.4 skills and training in the domains of ethics and boundaries, advocacy, mentoring and
20.5 education, and recovery and wellness support; and

20.6 (4) receive ongoing supervision in areas specific to the domains of the recovery peer's
20.7 role by an alcohol and drug counselor ~~or an individual with a certification approved by the~~
20.8 ~~commissioner.~~

20.9 Sec. 20. Minnesota Statutes 2018, section 245G.12, is amended to read:

20.10 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

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

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

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

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

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

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

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

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

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

20.28 (9) procedures for reporting the maltreatment of minors according to section 626.556,
20.29 and vulnerable adults according to sections 245A.65, 626.557, and 626.5572;

20.30 (10) a description of treatment services, including the amount and type of services
20.31 provided and the program's treatment week;

21.1 (11) the methods used to achieve desired client outcomes;

21.2 (12) the hours of operation; and

21.3 (13) the target population served.

21.4 Sec. 21. Minnesota Statutes 2018, section 245G.13, subdivision 1, is amended to read:

21.5 Subdivision 1. **Personnel policy requirements.** A license holder must have written
21.6 personnel policies that are available to each staff member. The personnel policies must:

21.7 (1) ensure that staff member retention, promotion, job assignment, or pay are not affected
21.8 by a good faith communication between a staff member and the department, the Department
21.9 of Health, the ombudsman for mental health and developmental disabilities, law enforcement,
21.10 or a local agency for the investigation of a complaint regarding a client's rights, health, or
21.11 safety;

21.12 (2) contain a job description for each staff member position specifying responsibilities,
21.13 degree of authority to execute job responsibilities, and qualification requirements;

21.14 (3) provide for a job performance evaluation based on standards of job performance
21.15 conducted on a regular and continuing basis, including a written annual review;

21.16 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or
21.17 dismissal, including policies that address staff member problematic substance use and the
21.18 requirements of section 245G.11, subdivision 1, policies prohibiting personal involvement
21.19 with a client in violation of chapter 604, and policies prohibiting client abuse described in
21.20 sections 245A.65, 626.556, 626.557, and 626.5572;

21.21 (5) identify how the program will identify whether behaviors or incidents are problematic
21.22 substance use, including a description of how the facility must address:

21.23 (i) receiving treatment for substance use within the period specified for the position in
21.24 the staff qualification requirements, including medication-assisted treatment;

21.25 (ii) substance use that negatively impacts the staff member's job performance;

21.26 (iii) ~~chemical~~ substance use that affects the credibility of treatment services with a client,
21.27 referral source, or other member of the community;

21.28 (iv) symptoms of intoxication or withdrawal on the job; and

21.29 (v) the circumstances under which an individual who participates in monitoring by the
21.30 health professional services program for a substance use or mental health disorder is able
21.31 to provide services to the program's clients;

22.1 (6) include a chart or description of the organizational structure indicating lines of
22.2 authority and responsibilities;

22.3 (7) include orientation within 24 working hours of starting for each new staff member
22.4 based on a written plan that, at a minimum, must provide training related to the staff member's
22.5 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum
22.6 standards, and client needs; and

22.7 (8) include policies outlining the license holder's response to a staff member with a
22.8 behavior problem that interferes with the provision of treatment service.

22.9 Sec. 22. Minnesota Statutes 2018, section 245G.15, subdivision 1, is amended to read:

22.10 Subdivision 1. **Explanation.** A client has the rights identified in sections 144.651,
22.11 148F.165, and 253B.03, as applicable. The license holder must give each client ~~at~~ on the
22.12 day of service initiation a written statement of the client's rights and responsibilities. A staff
22.13 member must review the statement with a client at that time.

22.14 Sec. 23. Minnesota Statutes 2018, section 245G.15, subdivision 2, is amended to read:

22.15 Subd. 2. **Grievance procedure.** ~~At~~ On the day of service initiation, the license holder
22.16 must explain the grievance procedure to the client or the client's representative. The grievance
22.17 procedure must be posted in a place visible to clients, and made available upon a client's or
22.18 former client's request. The grievance procedure must require that:

22.19 (1) a staff member helps the client develop and process a grievance;

22.20 (2) current telephone numbers and addresses of the Department of Human Services,
22.21 Licensing Division; the Office of Ombudsman for Mental Health and Developmental
22.22 Disabilities; the Department of Health Office of Health Facilities Complaints; and the Board
22.23 of Behavioral Health and Therapy, when applicable, be made available to a client; and

22.24 (3) a license holder responds to the client's grievance within three days of a staff member's
22.25 receipt of the grievance, and the client may bring the grievance to the highest level of
22.26 authority in the program if not resolved by another staff member.

22.27 Sec. 24. Minnesota Statutes 2018, section 245G.18, subdivision 3, is amended to read:

22.28 Subd. 3. **Staff ratios.** ~~At least 25 percent of a counselor's scheduled work hours must~~
22.29 ~~be allocated to indirect services, including documentation of client services, coordination~~
22.30 ~~of services with others, treatment team meetings, and other duties.~~ A counseling group

23.1 consisting entirely of adolescents must not exceed 16 adolescents. It is the responsibility of
23.2 the license holder to determine an acceptable group size based on the needs of the clients.

23.3 Sec. 25. Minnesota Statutes 2018, section 245G.18, subdivision 5, is amended to read:

23.4 Subd. 5. **Program requirements.** In addition to the requirements specified in the client's
23.5 treatment plan under section 245G.06, programs serving an adolescent must include:

23.6 (1) coordination with the school system to address the client's academic needs;

23.7 (2) when appropriate, a plan that addresses the client's leisure activities without ~~chemical~~
23.8 substance use; and

23.9 (3) a plan that addresses family involvement in the adolescent's treatment.

23.10 Sec. 26. Minnesota Statutes 2018, section 245G.22, subdivision 1, is amended to read:

23.11 Subdivision 1. **Additional requirements.** (a) An opioid treatment program licensed
23.12 under this chapter must also: (1) comply with the requirements of this section and Code of
23.13 Federal Regulations, title 42, part 8. ~~When federal guidance or interpretations are issued on~~
23.14 ~~federal standards or requirements also required under this section, the federal guidance or~~
23.15 ~~interpretations shall apply;~~ (2) be registered as a narcotic treatment program with the Drug
23.16 Enforcement Administration; (3) be accredited through an accreditation body approved by
23.17 the Division of Pharmacologic Therapy of the Center for Substance Abuse Treatment; (4)
23.18 be certified through the Division of Pharmacologic Therapy of the Center for Substance
23.19 Abuse Treatment; and (5) hold a license from the Minnesota Board of Pharmacy or equivalent
23.20 agency.

23.21 (b) Where a standard in this section differs from a standard in an otherwise applicable
23.22 administrative rule or statute, the standard of this section applies.

23.23 Sec. 27. Minnesota Statutes 2018, section 245G.22, subdivision 2, is amended to read:

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

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

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

24.1 (d) "Medical director" means a physician practitioner licensed to practice medicine in
 24.2 the jurisdiction that the opioid treatment program is located who assumes responsibility for
 24.3 administering all medical services performed by the program, either by performing the
 24.4 services directly or by delegating specific responsibility to ~~(1) authorized program physicians;~~
 24.5 ~~(2) advanced practice registered nurses, when approved by variance by the State Opioid~~
 24.6 ~~Treatment Authority under section 254A.03 and the federal Substance Abuse and Mental~~
 24.7 ~~Health Services Administration; or (3) health care professionals functioning under the~~
 24.8 ~~medical director's direct supervision~~ a practitioner of the opioid treatment program.

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

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

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

24.14 (h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,
 24.15 subpart 21a.

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

24.24 ~~(i)~~ (j) "Unsupervised use" means the use of a medication for the treatment of opioid use
 24.25 disorder dispensed for use by a client outside of the program setting.

24.26 Sec. 28. Minnesota Statutes 2018, section 245G.22, subdivision 3, is amended to read:

24.27 Subd. 3. **Medication orders.** Before the program may administer or dispense a medication
 24.28 used for the treatment of opioid use disorder:

24.29 (1) a client-specific order must be received from an appropriately credentialed physician
 24.30 practitioner who is enrolled as a Minnesota health care programs provider and meets all
 24.31 applicable provider standards;

24.32 (2) the signed order must be documented in the client's record; and

25.1 (3) if the ~~physician~~ practitioner that issued the order is not able to sign the order when
25.2 issued, the unsigned order must be entered in the client record at the time it was received,
25.3 and the ~~physician~~ practitioner must review the documentation and sign the order in the
25.4 client's record within 72 hours of the medication being ordered. The license holder must
25.5 report to the commissioner any medication error that endangers a client's health, as
25.6 determined by the medical director.

25.7 Sec. 29. Minnesota Statutes 2018, section 245G.22, subdivision 4, is amended to read:

25.8 Subd. 4. **High dose requirements.** A client being administered or dispensed a dose
25.9 beyond that set forth in subdivision 6, paragraph (a), ~~clause (1)~~, that exceeds 150 milligrams
25.10 of methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase,
25.11 must meet face-to-face with a prescribing ~~physician~~ practitioner. The meeting must occur
25.12 before the administration or dispensing of the increased medication dose.

25.13 Sec. 30. Minnesota Statutes 2018, section 245G.22, subdivision 6, is amended to read:

25.14 Subd. 6. **Criteria for unsupervised use.** (a) To limit the potential for diversion of
25.15 medication used for the treatment of opioid use disorder to the illicit market, medication
25.16 dispensed to a client for unsupervised use shall be subject to the ~~following~~ requirements:
25.17 of this subdivision.

25.18 ~~(1) Any client in an opioid treatment program may receive a single unsupervised use~~
25.19 ~~dose for a day that the clinic is closed for business, including Sundays and state and federal~~
25.20 ~~holidays; and~~

25.21 ~~(2) other treatment program decisions on dispensing medications used for the treatment~~
25.22 ~~of opioid use disorder to a client for unsupervised use shall be determined by the medical~~
25.23 ~~director.~~

25.24 ~~(b) In determining whether a client may be permitted unsupervised use of medications,~~
25.25 ~~a~~ physician A practitioner with authority to prescribe must ~~consider~~ review and document
25.26 ~~the criteria in this paragraph. The criteria in this paragraph must also be considered~~ (c) when
25.27 determining whether dispensing medication for a client's unsupervised use is appropriate
25.28 to implement, increase, or ~~to~~ extend the amount of time between visits to the program. The
25.29 criteria are:

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

25.32 (2) regularity of program attendance;

- 26.1 (3) absence of serious behavioral problems at the program;
- 26.2 (4) absence of known recent criminal activity such as drug dealing;
- 26.3 (5) stability of the client's home environment and social relationships;
- 26.4 (6) length of time in comprehensive maintenance treatment;
- 26.5 (7) reasonable assurance that unsupervised use medication will be safely stored within
- 26.6 the client's home; and

- 26.7 (8) whether the rehabilitative benefit the client derived from decreasing the frequency
- 26.8 of program attendance outweighs the potential risks of diversion or unsupervised use.

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

26.11 Sec. 31. Minnesota Statutes 2018, section 245G.22, subdivision 7, is amended to read:

26.12 Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a

26.13 ~~physician with authority to prescribe~~ medical director or prescribing practitioner assesses

26.14 and determines that a client meets the criteria in subdivision 6 and may be dispensed a

26.15 medication used for the treatment of opioid addiction, the restrictions in this subdivision

26.16 must be followed when the medication to be dispensed is methadone hydrochloride. The

26.17 results of the assessment must be contained in the client file.

26.18 (b) During the first 90 days of treatment, the unsupervised use medication supply must

26.19 be limited to a maximum of a single dose each week and the client shall ingest all other

26.20 doses under direct supervision.

26.21 (c) In the second 90 days of treatment, the unsupervised use medication supply must be

26.22 limited to two doses per week.

26.23 (d) In the third 90 days of treatment, the unsupervised use medication supply must not

26.24 exceed three doses per week.

26.25 (e) In the remaining months of the first year, a client may be given a maximum six-day

26.26 unsupervised use medication supply.

26.27 (f) After one year of continuous treatment, a client may be given a maximum two-week

26.28 unsupervised use medication supply.

26.29 (g) After two years of continuous treatment, a client may be given a maximum one-month

26.30 unsupervised use medication supply, but must make monthly visits to the program.

27.1 Sec. 32. Minnesota Statutes 2018, section 245G.22, subdivision 15, is amended to read:

27.2 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must
27.3 offer at least 50 consecutive minutes of individual or group therapy treatment services as
27.4 defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first
27.5 ten weeks following ~~admission~~ the day of service initiation, and at least 50 consecutive
27.6 minutes per month thereafter. As clinically appropriate, the program may offer these services
27.7 cumulatively and not consecutively in increments of no less than 15 minutes over the required
27.8 time period, and for a total of 60 minutes of treatment services over the time period, and
27.9 must document the reason for providing services cumulatively in the client's record. The
27.10 program may offer additional levels of service when deemed clinically necessary.

27.11 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
27.12 the assessment must be completed within 21 days from the day of service initiation.

27.13 (c) Notwithstanding the requirements of individual treatment plans set forth in section
27.14 245G.06:

27.15 (1) treatment plan contents for a maintenance client are not required to include goals
27.16 the client must reach to complete treatment and have services terminated;

27.17 (2) treatment plans for a client in a taper or detox status must include goals the client
27.18 must reach to complete treatment and have services terminated; and

27.19 (3) for the ~~initial~~ ten weeks ~~after admission~~ following the day of service initiation for
27.20 all new admissions, readmissions, and transfers, ~~progress notes~~ a weekly treatment plan
27.21 review must be entered in a client's file at least weekly and be recorded in each of the six
27.22 ~~dimensions upon the development of the treatment plan and thereafter~~ documented once
27.23 the treatment plan is completed. Subsequently, the counselor must document ~~progress~~
27.24 treatment plan reviews in the six dimensions at least once monthly or, when clinical need
27.25 warrants, more frequently; and.

27.26 (4) ~~upon the development of the treatment plan and thereafter, treatment plan reviews~~
27.27 ~~must occur weekly, or after each treatment service, whichever is less frequent, for the first~~
27.28 ~~ten weeks after the treatment plan is developed. Following the first ten weeks of treatment~~
27.29 ~~plan reviews, reviews may occur monthly, unless the client's needs warrant more frequent~~
27.30 ~~revisions or documentation.~~

27.31 Sec. 33. Minnesota Statutes 2018, section 245G.22, subdivision 16, is amended to read:

27.32 Subd. 16. **Prescription monitoring program.** (a) The program must develop and
27.33 maintain a policy and procedure that requires the ongoing monitoring of the data from the

28.1 prescription monitoring program (PMP) for each client. The policy and procedure must
28.2 include how the program meets the requirements in paragraph (b).

28.3 (b) ~~When~~ a medication used for the treatment of substance use disorder is administered
28.4 or dispensed to a client, the license holder ~~shall be~~ is subject to the following requirements:

28.5 (1) upon admission to ~~a methadone clinic outpatient~~ an opioid treatment program, a
28.6 client must be notified in writing that the commissioner of human services and the medical
28.7 director must monitor the PMP to review the prescribed controlled drugs a client received;

28.8 (2) the medical director or the medical director's delegate must review the data from the
28.9 PMP described in section 152.126 before the client is ordered any controlled substance, as
28.10 defined under section 152.126, subdivision 1, paragraph (c), including medications used
28.11 for the treatment of opioid addiction, and the medical director's or the medical director's
28.12 delegate's subsequent reviews of the PMP data must occur at least every 90 days;

28.13 (3) a copy of the PMP data reviewed must be maintained in the client's file along with
28.14 the licensed practitioner's decision for frequency of ongoing PMP checks;

28.15 (4) when the PMP data contains a recent history of multiple prescribers or multiple
28.16 prescriptions for controlled substances, the physician's review of the data and subsequent
28.17 actions must be documented in the client's file within 72 hours and must contain the ~~medical~~
28.18 ~~director's~~ licensed practitioner's determination of whether or not the prescriptions place the
28.19 client at risk of harm and the actions to be taken in response to the PMP findings. The
28.20 provider must conduct subsequent reviews of the PMP on a monthly basis; and

28.21 (5) if at any time the ~~medical director~~ licensed practitioner believes the use of the
28.22 controlled substances places the client at risk of harm, the program must seek the client's
28.23 consent to discuss the client's opioid treatment with other prescribers and must seek the
28.24 client's consent for the other prescriber to disclose to the opioid treatment program's medical
28.25 director the client's condition that formed the basis of the other prescriptions. If the
28.26 information is not obtained within seven days, the ~~medical director~~ licensed practitioner
28.27 must document whether or not changes to the client's medication dose or number of
28.28 unsupervised use doses are necessary until the information is obtained.

28.29 (c) The commissioner shall collaborate with the Minnesota Board of Pharmacy to develop
28.30 and implement an electronic system for the commissioner to routinely access the PMP data
28.31 to determine whether any client enrolled in an opioid addiction treatment program licensed
28.32 according to this section was prescribed or dispensed a controlled substance in addition to
28.33 that administered or dispensed by the opioid addiction treatment program. When the

29.1 commissioner determines there have been multiple prescribers or multiple prescriptions of
29.2 controlled substances for a client, the commissioner shall:

29.3 (1) inform the medical director of the opioid treatment program only that the
29.4 commissioner determined the existence of multiple prescribers or multiple prescriptions of
29.5 controlled substances; and

29.6 (2) direct the medical director of the opioid treatment program to access the data directly,
29.7 review the effect of the multiple prescribers or multiple prescriptions, and document the
29.8 review.

29.9 (d) If determined necessary, the commissioner shall seek a federal waiver of, or exception
29.10 to, any applicable provision of Code of Federal Regulations, title 42, section 2.34 (c), before
29.11 implementing this subdivision.

29.12 Sec. 34. Minnesota Statutes 2018, section 245G.22, subdivision 17, is amended to read:

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

29.15 (b) For a program that is not open every day of the year, the license holder must maintain
29.16 a policy and procedure that ~~permits a client to receive a single~~ covers requirements under
29.17 section 245G.22, subdivisions 6 and 7. Unsupervised use of medication used for the treatment
29.18 of opioid use disorder for days that the program is closed for business, including, but not
29.19 limited to, Sundays and state and federal holidays ~~as required under subdivision 6, paragraph~~
29.20 ~~(a), clause (1),~~ must meet the requirements under section 245G.22, subdivisions 6 and 7.

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

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

29.25 (2) include a process for contacting no less than five percent of clients who have
29.26 unsupervised use of medication, excluding clients approved solely under subdivision 6,
29.27 paragraph (a), ~~clause (1),~~ to require clients to physically return to the program each month.
29.28 The system must require clients to return to the program within a stipulated time frame and
29.29 turn in all unused medication containers related to opioid use disorder treatment. The license
29.30 holder must document all related contacts on a central log and the outcome of the contact
29.31 for each client in the client's record. The medical director must be informed of each outcome
29.32 that results in a situation in which a possible diversion issue was identified.

30.1 (d) Medication used for the treatment of opioid use disorder must be ordered,
30.2 administered, and dispensed according to applicable state and federal regulations and the
30.3 standards set by applicable accreditation entities. If a medication order requires assessment
30.4 by the person administering or dispensing the medication to determine the amount to be
30.5 administered or dispensed, the assessment must be completed by an individual whose
30.6 professional scope of practice permits an assessment. For the purposes of enforcement of
30.7 this paragraph, the commissioner has the authority to monitor the person administering or
30.8 dispensing the medication for compliance with state and federal regulations and the relevant
30.9 standards of the license holder's accreditation agency and may issue licensing actions
30.10 according to sections 245A.05, 245A.06, and 245A.07, based on the commissioner's
30.11 determination of noncompliance.

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

30.13 Sec. 35. Minnesota Statutes 2018, section 245G.22, subdivision 19, is amended to read:

30.14 Subd. 19. **Placing authorities.** A program must provide certain notification and
30.15 client-specific updates to placing authorities for a client who is enrolled in Minnesota health
30.16 care programs. At the request of the placing authority, the program must provide
30.17 client-specific updates, including but not limited to informing the placing authority of
30.18 positive drug ~~screenings~~ testings and changes in medications used for the treatment of opioid
30.19 use disorder ordered for the client.

30.20 Sec. 36. Minnesota Statutes 2018, section 254A.03, subdivision 3, is amended to read:

30.21 Subd. 3. **Rules for substance use disorder care.** (a) The commissioner of human
30.22 services shall establish by rule criteria to be used in determining the appropriate level of
30.23 chemical dependency care for each recipient of public assistance seeking treatment for
30.24 substance misuse or substance use disorder. Upon federal approval of a comprehensive
30.25 assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding
30.26 the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of
30.27 comprehensive assessments under section 254B.05 may determine and approve the
30.28 appropriate level of substance use disorder treatment for a recipient of public assistance.
30.29 The process for determining an individual's financial eligibility for the consolidated chemical
30.30 dependency treatment fund or determining an individual's enrollment in or eligibility for a
30.31 publicly subsidized health plan is not affected by the individual's choice to access a
30.32 comprehensive assessment for placement.

31.1 (b) The commissioner shall develop and implement a utilization review process for
31.2 publicly funded treatment placements to monitor and review the clinical appropriateness
31.3 and timeliness of all publicly funded placements in treatment.

31.4 (c) Notwithstanding section 254B.05, subdivision 1, paragraph (c), an individual
31.5 employed by a county as of July 1, 2019, who has been performing assessments for the
31.6 purpose of Minnesota Rules, part 9530.6615, is qualified to perform a comprehensive
31.7 assessment if the following conditions are met as of July 1, 2019:

31.8 (1) the individual is exempt from licensure under section 148F.11, subdivision 1;

31.9 (2) the individual is qualified as an assessor under Minnesota Rules, part 9530.6615,
31.10 subpart 2; and

31.11 (3) the individual has three years employment as an assessor or is under the supervision
31.12 of an individual who meets the requirements of an alcohol and drug counselor supervisor
31.13 under section 245G.11, subdivision 4.

31.14 Beginning June 30, 2021, an individual qualified to do a comprehensive assessment under
31.15 this paragraph must additionally demonstrate completion of the applicable coursework
31.16 requirements of section 245G.11, subdivision 5, paragraph (b).

31.17 Sec. 37. Minnesota Statutes 2018, section 254B.04, is amended by adding a subdivision
31.18 to read:

31.19 Subd. 2c. **Eligibility to receive peer recovery support and treatment service**
31.20 **coordination.** Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing
31.21 authority may authorize peer recovery support and treatment service coordination for a
31.22 person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules,
31.23 part 9530.6622. Authorization for peer recovery support and treatment service coordination
31.24 under this subdivision does not need to be provided in conjunction with treatment services
31.25 under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.

31.26 Sec. 38. Minnesota Statutes 2018, section 254B.05, subdivision 1, is amended to read:

31.27 Subdivision 1. **Licensure required.** (a) Programs licensed by the commissioner are
31.28 eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors,
31.29 notwithstanding the provisions of section 245A.03. American Indian programs that provide
31.30 substance use disorder treatment, extended care, transitional residence, or outpatient treatment
31.31 services, and are licensed by tribal government are eligible vendors.

32.1 (b) ~~On July 1, 2018, or upon federal approval, whichever is later,~~ A licensed professional
32.2 in private practice who meets the requirements of section 245G.11, subdivisions 1 and 4,
32.3 is an eligible vendor of a comprehensive assessment and assessment summary provided
32.4 according to section 245G.05, and treatment services provided according to sections 245G.06
32.5 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to ~~(5)~~ (4), and (b); and subdivision
32.6 2.

32.7 (c) ~~On July 1, 2018, or upon federal approval, whichever is later,~~ A county is an eligible
32.8 vendor for a comprehensive assessment and assessment summary when provided by an
32.9 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and ~~4~~ 5,
32.10 and completed according to the requirements of section 245G.05. A county is an eligible
32.11 vendor of care coordination services when provided by an individual who meets the staffing
32.12 credentials of section 245G.11, subdivisions 1 and 7, and provided according to the
32.13 requirements of section 245G.07, subdivision 1, paragraph (a), clause (7) (5).

32.14 (d) On July 1, 2018, or upon federal approval, whichever is later, a recovery community
32.15 organization that meets certification requirements identified by the commissioner is an
32.16 eligible vendor of peer support services.

32.17 (e) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to
32.18 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or
32.19 nonresidential substance use disorder treatment or withdrawal management program by the
32.20 commissioner or by tribal government or do not meet the requirements of subdivisions 1a
32.21 and 1b are not eligible vendors.

32.22 Sec. 39. Minnesota Statutes 2018, section 254B.05, subdivision 5, is amended to read:

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

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

32.26 (1) outpatient treatment services that are licensed according to sections 245G.01 to
32.27 245G.17, or applicable tribal license;

32.28 (2) ~~on July 1, 2018, or upon federal approval, whichever is later,~~ comprehensive
32.29 assessments provided according to sections 245.4863, paragraph (a), and 245G.05, ~~and~~
32.30 ~~Minnesota Rules, part 9530.6422;~~

32.31 (3) ~~on July 1, 2018, or upon federal approval, whichever is later,~~ care coordination
32.32 services provided according to section 245G.07, subdivision 1, paragraph (a), clause ~~(6)~~
32.33 (5);

33.1 (4) ~~on July 1, 2018, or upon federal approval, whichever is later~~, peer recovery support
33.2 services provided according to section 245G.07, subdivision 1, ~~paragraph (a) 2~~, clause ~~(5)~~
33.3 (8);

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

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

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

33.10 (8) high, medium, and low intensity residential treatment services that are licensed
33.11 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
33.12 provide, respectively, 30, 15, and five hours of clinical services each week;

33.13 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
33.14 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
33.15 144.56;

33.16 (10) adolescent treatment programs that are licensed as outpatient treatment programs
33.17 according to sections 245G.01 to 245G.18 or as residential treatment programs according
33.18 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
33.19 applicable tribal license;

33.20 (11) high-intensity residential treatment services that are licensed according to sections
33.21 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
33.22 clinical services each week provided by a state-operated vendor or to clients who have been
33.23 civilly committed to the commissioner, present the most complex and difficult care needs,
33.24 and are a potential threat to the community; and

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

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

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

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

33.30 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
33.31 9503; or

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

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

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

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

34.7 (2) culturally specific programs as defined in section 254B.01, subdivision 4a, or
34.8 programs or subprograms serving special populations, if the program or subprogram meets
34.9 the following requirements:

34.10 (i) is designed to address the unique needs of individuals who share a common language,
34.11 racial, ethnic, or social background;

34.12 (ii) is governed with significant input from individuals of that specific background; and

34.13 (iii) employs individuals to provide individual or group therapy, at least 50 percent of
34.14 whom are of that specific background, except when the common social background of the
34.15 individuals served is a traumatic brain injury or cognitive disability and the program employs
34.16 treatment staff who have the necessary professional training, as approved by the
34.17 commissioner, to serve clients with the specific disabilities that the program is designed to
34.18 serve;

34.19 (3) programs that offer medical services delivered by appropriately credentialed health
34.20 care staff in an amount equal to two hours per client per week if the medical needs of the
34.21 client and the nature and provision of any medical services provided are documented in the
34.22 client file; and

34.23 (4) programs that offer services to individuals with co-occurring mental health and
34.24 chemical dependency problems if:

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

34.26 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
34.27 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
34.28 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
34.29 mental health professional, except that no more than 50 percent of the mental health staff
34.30 may be students or licensing candidates with time documented to be directly related to
34.31 provisions of co-occurring services;

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

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

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

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

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

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

35.18 (f) Subject to federal approval, chemical dependency services that are otherwise covered
35.19 as direct face-to-face services may be provided via two-way interactive video. The use of
35.20 two-way interactive video must be medically appropriate to the condition and needs of the
35.21 person being served. Reimbursement shall be at the same rates and under the same conditions
35.22 that would otherwise apply to direct face-to-face services. The interactive video equipment
35.23 and connection must comply with Medicare standards in effect at the time the service is
35.24 provided.

35.25 Sec. 40. Minnesota Statutes 2018, section 256B.0941, subdivision 1, is amended to read:

35.26 Subdivision 1. **Eligibility.** (a) An individual who is eligible for mental health treatment
35.27 services in a psychiatric residential treatment facility must meet all of the following criteria:

35.28 (1) before admission, services are determined to be medically necessary ~~by the state's~~
35.29 ~~medical review agent~~ according to Code of Federal Regulations, title 42, section 441.152;

35.30 (2) is younger than 21 years of age at the time of admission. Services may continue until
35.31 the individual meets criteria for discharge or reaches 22 years of age, whichever occurs
35.32 first;

36.1 (3) has a mental health diagnosis as defined in the most recent edition of the Diagnostic
36.2 and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression,
36.3 or a finding that the individual is a risk to self or others;

36.4 (4) has functional impairment and a history of difficulty in functioning safely and
36.5 successfully in the community, school, home, or job; an inability to adequately care for
36.6 one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill
36.7 the individual's needs;

36.8 (5) requires psychiatric residential treatment under the direction of a physician to improve
36.9 the individual's condition or prevent further regression so that services will no longer be
36.10 needed;

36.11 (6) utilized and exhausted other community-based mental health services, or clinical
36.12 evidence indicates that such services cannot provide the level of care needed; and

36.13 (7) was referred for treatment in a psychiatric residential treatment facility by a qualified
36.14 mental health professional licensed as defined in section 245.4871, subdivision 27, clauses
36.15 (1) to (6).

36.16 (b) A mental health professional making a referral shall submit documentation to the
36.17 state's medical review agent containing all information necessary to determine medical
36.18 necessity, including a standard diagnostic assessment completed within 180 days of the
36.19 individual's admission. Documentation shall include evidence of family participation in the
36.20 individual's treatment planning and signed consent for services.

36.21 Sec. 41. Minnesota Statutes 2018, section 256B.0941, subdivision 3, is amended to read:

36.22 Subd. 3. **Per diem rate.** (a) The commissioner shall establish a statewide per diem rate
36.23 for psychiatric residential treatment facility services for individuals 21 years of age or
36.24 younger. The rate for a provider must not exceed the rate charged by that provider for the
36.25 same service to other payers. Payment must not be made to more than one entity for each
36.26 individual for services provided under this section on a given day. The commissioner shall
36.27 set rates prospectively for the annual rate period. The commissioner shall require providers
36.28 to submit annual cost reports on a uniform cost reporting form and shall use submitted cost
36.29 reports to inform the rate-setting process. The cost reporting shall be done according to
36.30 federal requirements for Medicare cost reports.

36.31 (b) The following are included in the rate:

36.32 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
36.33 participation, meeting all service standards for participation, meeting all requirements for

37.1 active treatment, maintaining medical records, conducting utilization review, meeting
37.2 inspection of care, and discharge planning. The direct services costs must be determined
37.3 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
37.4 and service-related transportation; and

37.5 (2) payment for room and board provided by facilities meeting all accreditation and
37.6 licensing requirements for participation.

37.7 (c) A facility may submit a claim for payment outside of the per diem for professional
37.8 services arranged by and provided at the facility by an appropriately licensed professional
37.9 who is enrolled as a provider with Minnesota health care programs. Arranged services ~~must~~
37.10 ~~be billed by the facility on a separate claim, and the facility shall be responsible for payment~~
37.11 ~~to the provider~~ may be billed by either the facility or the licensed professional. These services
37.12 must be included in the individual plan of care and are subject to prior authorization ~~by the~~
37.13 ~~state's medical review agent.~~

37.14 (d) Medicaid shall reimburse for concurrent services as approved by the commissioner
37.15 to support continuity of care and successful discharge from the facility. "Concurrent services"
37.16 means services provided by another entity or provider while the individual is admitted to a
37.17 psychiatric residential treatment facility. Payment for concurrent services may be limited
37.18 and these services are subject to prior authorization by the state's medical review agent.
37.19 Concurrent services may include targeted case management, assertive community treatment,
37.20 clinical care consultation, team consultation, and treatment planning.

37.21 (e) Payment rates under this subdivision shall not include the costs of providing the
37.22 following services:

37.23 (1) educational services;

37.24 (2) acute medical care or specialty services for other medical conditions;

37.25 (3) dental services; and

37.26 (4) pharmacy drug costs.

37.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
37.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal
37.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
37.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

APPENDIX
Repealed Minnesota Statutes: H2306-1

256I.05 MONTHLY RATES.

Subd. 3. **Limits on rates.** When a room and board rate is used to pay for an individual's room and board, the rate payable to the residence must not exceed the rate paid by an individual not receiving a room and board rate under this chapter.