DEPARTMENT OF HUMAN SERVICES

Side-by-Side Legislative Changes 2024: Recovery Community Organizations

Includes: Changes to Recovery Community Organizations (RCO). See also Peer Recovery Services side-by-side, if applicable.

* Day of Final Enactment is May 17, 2024, for Chapter 108 and May 24, 2024, for Chapter 125 and Chapter 127. Chapter 125 and 127 have the same content and Chapter 125 is referenced in this side by side.

Please note that there are legislative changes in sections 254B.05 Subdivision 1 and 254B.05 Subdivision 5 that are not consistent between S.F. No. 4399 Chapter 108 and S.F. No. 5335 Chapter 125. To help distinguish these changes, the Chapter 108 changes are shown in purple text, and the Chapter 125 changes are shown in red text. The changes that are the same in both chapters are shown in black text. Any inconsistencies in numbering or lettering between the Chapters are indicated in *italics*, and the revisor will make future edits. This information is provided to ensure transparency and clarity regarding the legislative changes in these sections.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245.91, Subd 4	**Facility or program**. "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.	**Facility or program**. "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02,subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; peer recovery support services provided by a recovery community organization as defined in section 254B.01 ,subdivision 8; and an acute care inpatient facility that provides services or treatment for mental	August 1, 2024	S.F. No. 5335 125/3/2

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		illness, developmental disability, substance use disorder, or emotional disturbance.		
254B.05 Subd. 1	**Licensure required**. (a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indian programs that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by tribal government are eligible vendors. (b) A licensed professional in private practice as defined in section 245G.01, subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment and assessment summary provided according to section 245G.05, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6). (c) A county is an eligible vendor for a comprehensive assessment and assessment summary when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section 245G.05. A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer recovery services when the services are provided by an individual who meets the requirements of section 245G.11, subdivision 8.	**Licensure <u>or certification</u> required**. (a) Programs licensed by the commissioner are eligible vendors. Hospitals may apply for and receive licenses to be eligible vendors, notwithstanding the provisions of section 245A.03. American Indianprograms that provide substance use disorder treatment, extended care, transitional residence, or outpatient treatment services, and are licensed by Tribal government are eligible vendors. (b) A licensed professional in private practice as defined in section 245G.01,subdivision 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible vendor of a comprehensive assessment ~~and assessment summary~~ provided according to section ~~245G.05~~ <u>254A.19, subdivision 3</u>, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6). (c) A county is an eligible vendor for a comprehensive assessment ~~and assessment summary~~ when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 5, and completed according to the requirements of section ~~245G.05~~ <u>254A.19, subdivision 3</u>. A county is an eligible vendor of care coordination services when provided by an individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and provided according to the requirements of section 245G.07, subdivision 1, paragraph (a), clause (5). A county is an eligible vendor of peer recovery services when the services are provided by an individual who meets the requirements of section 245G.11, subdivision 8.	August 1, 2024, except that paragraph (d), clauses (11) and (12), are effective July 1, 2024. This section is effective the day following final enactment, except the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective July 1, 2025	S.F. No. 4399 108/4/22 S.F. No. 5335 125/3/7

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(d) A recovery community organization that meets the requirements of clauses (1) to (10) and meets membership or accreditation requirements of the Association of Recovery Community Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery community organization identified by the commissioner is an eligible vendor of peer support services. Eligible vendors under this paragraph must:	(d) A recovery community organization that meets the requirements of clauses (1) to ~~(10)~~ (12) and meets ~~membership~~ certification or accreditation requirements of the ~~Association of Recovery Community Organizations,~~ Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery ~~community~~ organization identified by the commissioner is an eligible vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification or accreditation on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:		
	(1) be nonprofit organizations;	(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;		
	(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;	(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;		
	(3) primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus;	(3) ~~primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus~~ have a mission statement and conduct corresponding activities indicating that the		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		organization's primary purpose is to support recovery from substance use disorder;		
	(4) be grassroots and reflective of and engaged with the community served;	(4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate ongoing community engagement with the identified primary region and population served by the organization, including individuals in recovery and their families, friends, and recovery allies;		
	(5) be accountable to the recovery community through processes that promote the involvement and engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;	(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that promote the ~~involvement and~~ engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;		
	(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building groups, and harm-reduction activities;	(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building groups, and harm-reduction activities, and provide recovery public education and advocacy;		
	(7) allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;	(7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;		
	(8) be purposeful in meeting the diverse needs of Black, Indigenous, and people of color communities, including board and staff development activities, organizational practices, service offerings, advocacy efforts, and culturally informed outreach and service plans;	(8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, ~~including~~ LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff ~~development activities, organizational practices~~ training, service offerings, advocacy efforts, and culturally informed outreach and ~~service plans~~ services;		
	(9) be stewards of recovery-friendly language that is supportive of and promotes recovery across diverse	(9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that is supportive of and		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	geographical and cultural contexts and reduces stigma; and (10) maintain an employee and volunteer code of ethics and easily accessible grievance procedures posted in physical spaces, on websites, or on program policies or forms.	promotes recovery across diverse geographical and cultural contexts and reduces stigma; ~~and~~ (10) establish and maintain ~~an employee and volunteer~~ a publicly available recovery community organization code of ethics and ~~easily accessible~~ grievance policy and procedures ~~posted in physical spaces, on websites, or on program policies or forms.~~; *(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor; and* *(11) provide an orientation for recovery peers that includes an overview of the consumer advocacy services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services; and* *(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025.* *(12) provide notice to peer recovery support services participants that includes the following statement: "If you have a complaint about the provider or the person providing your peer recovery support services, you may contact the Minnesota Alliance of Recovery Community Organizations. You may also contact the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement must also include:* *(i) the telephone number, website address, email address, and mailing address of the Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman for Mental Health and Developmental Disabilities;* *(ii) the recovery community organization's name, address, email, telephone number, and name or title of the person at the recovery community organization to whom problems or complaints may be directed; and*		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(e) Recovery community organizations approved by the commissioner before June 30, 2023, shall retain their designation as recovery community organizations. (f) A recovery community organization that is aggrieved by an accreditation or membership determination and believes it meets the requirements under paragraph (d) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (15), for reconsideration as an eligible vendor. (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors. (h) Hospitals, federally qualified health centers, and rural health clinics are eligible vendors of a comprehensive	*(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint.* (e) A recovery community ~~organizations~~ organization approved by the commissioner before June 30, 2023, ~~shall retain their designation as recovery community organizations~~ must have begun the application process as required by an approved certifying or accrediting entity and have begun the process to meet the requirements under paragraph (d) by September 1, 2024, in order to be considered as an eligible vendor of peer recovery support services. (f) A recovery community organization that is aggrieved by an accreditation, certification, or membership determination and believes it meets the requirements under paragraph (d) may appeal the determination undersection 256.045, subdivision 3, paragraph (a), clause (15), for reconsideration as an eligible vendor. If the human services judge determines that the recovery community organization meets the requirements under paragraph (d), the recovery community organization is an eligible vendor of peer recovery support services. (g) All recovery community organizations must be certified or accredited by an entity listed in paragraph (d) by June 30, 2025. ~~(g)~~ (h) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or nonresidential substance use disorder treatment or withdrawal management program by the commissioner or by Tribal government or do not meet the requirements of subdivisions 1a and 1b are not eligible vendors. ~~(h)~~ *(i) Hospitals, federally qualified health centers, and rural health clinics are eligiblevendors of a*		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	assessment when the comprehensive assessment is completed according to section 245G.05 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reported on the claim as the individual who provided the service.	*comprehensive assessment when the comprehensive assessment is completed according to section ~~245G.05~~ 254A.19, subdivision 3 and by an individual who meets the criteria of an alcohol and drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor must be individually enrolled with the commissioner and reportedon the claim as the individual who provided the service.* (i) Any complaints about a recovery community organization or peer recovery support services may be made to and reviewed or investigated by the ombudsperson for behavioral health and developmental disabilities under sections 245.91 and 245.94.		
254B.05 Subd. 5	**Rate requirements**. (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter. (b) Eligible substance use disorder treatment services include: (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care: (i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1); (ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2); (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3); (iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4); (v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);	**Rate requirements**. (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter. (b) Eligible substance use disorder treatment services include: (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care: (i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1); (ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2); (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3); (iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4); (v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5). The commissioner	August 1, 2024, except the amendments to paragraph (b), clauses (1) and (8), which are effective retroactively from January 1, 2024, with federal approval or retroactively from a later federally approved date. The commissioner of human services shall	S.F. No. 4399 108/4/23

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and	shall use the base payment rate of $79.84 per day for services provided under this item; (vi) ASAM level 3.1 clinically managed low-intensity residential services according to section 254B.19, subdivision 1, clause (5), provided at 15 or more hours of skilled treatment services each week. The commissioner shall use the base payment rate of $166.13 per day for services provided under this item;	inform the revisor of statutes of the effective date upon federal approval.	
	(vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);	(vii) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19,subdivision 1, clause (6). The commissioner shall use the specified base payment rate of $224.06 per day for services provided under this item; and ~~(vii)~~ (viii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7). The commissioner shall use the specified base payment rate of $224.06 per day for services provided under this item;	January 1, 2025	S.F. No. 5335 125/3/8
	(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;	(2) comprehensive assessments provided according to ~~sections 245.4863, paragraph (a), and 245G.05~~ section 254A.19, subdivision 3;		
	(3) treatment coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5); (4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8); (5) withdrawal management services provided according to chapter 245F; (6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;	(3) treatment coordination services provided according to section 245G.07, subdivision1, paragraph (a), clause (5); (4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8); (5) withdrawal management services provided according to chapter 245F; (6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable Tribal license and licensed as a hospital under sections 144.50 to 144.56; (7) substance use disorder treatment services with medications for opioid use disorder provided in an		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(7) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license; (8) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and (9) room and board facilities that meet the requirements of subdivision 1a. (c) The commissioner shall establish higher rates for programs that meet the requirements of paragraph (b) and one of the following additional requirements: (1) programs that serve parents with their children if the program: (i) provides on-site child care during the hours of treatment activity that: (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or	opioid treatment program licensed according to sections 245G.01 to 245G.17 and 245G.22, or under an applicable Tribal license; (8) medium-intensity residential treatment services that provide 15 hours of skilled treatment services each week and are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license; ~~(7)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable Tribal license; ~~(8)~~ (10) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable Tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and ~~(9)~~ (11) room and board facilities that meet the requirements of subdivision 1a. (c) The commissioner shall establish higher rates for programs that meet the requirementsof paragraph (b) and one of the following additional requirements: (1) programs that serve parents with their children if the program: (i) provides on-site child care during the hours of treatment activity that: (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or 71.32		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as: (A) a child care center under Minnesota Rules, chapter 9503; or (B) a family child care home under Minnesota Rules, chapter 9502; (2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a; (3) disability responsive programs as defined in section 254B.01, subdivision 4b; (4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if: (i) the program meets the co-occurring requirements in section 245G.20; (ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;	(B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or (ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as: (A) a child care center under Minnesota Rules, chapter 9503; or (B) a family child care home under Minnesota Rules, chapter 9502; (2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a; (3) disability responsive programs as defined in section 254B.01, subdivision 4b; (4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to ~~two hours~~ one hour per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or (5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if: (i) the program meets the co-occurring requirements in section 245G.20; ~~(ii) 25 percent of the counseling staff are licensed mental health professionals undersection 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;~~ (ii) the program employs a mental health professional as defined in section 245I.04, subdivision 2;		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission; (iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented; (v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually. (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services. (e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause (4), items (i) to (iv). (f) Subject to federal approval, substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services. (g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a	(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission; (iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented; (v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually. (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services. (e) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph (c), clause (4), items (i) to (iv). (f) ~~Subject to federal approval,~~ substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services. (g) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio. (h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner. (i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.	group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under thischapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio. (h) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner. (i) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines. *(j) A license holder that is unable to provide all residential treatment services because a client missed services remains eligible to bill for the client's intensity level of services under this paragraph if the license holder can document the reason the client missed services and the interventions done to address the client's absence.* *(j) Eligible vendors of peer recovery support services must:* *(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and* *(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.*		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(k) Peer recovery support services not provided in accordance with section 254B.052 are subject to monetary recovery under section 256B.064 as money improperly paid. *(k) Hours in a treatment week may be reduced in observance of federally recognized holidays.*		
254B.052		**PEER RECOVERY SUPPORT SERVICES REQUIREMENTS**. Subdivision 1. **Peer recovery support services; service requirements**. (a) Peer recovery support services are face-to-face interactions between a recovery peer and a client, on a one-on-one basis, in which specific goals identified in an individual recovery plan, treatment plan, or stabilization plan are discussed and addressed. Peer recovery support services are provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports and to support maintenance of a client's recovery. (b) Peer recovery support services must be provided according to an individual recovery plan if provided by a recovery community organization or county, a treatment plan if provided in a substance use disorder treatment program under chapter 245G, or a stabilization plan if provided by a withdrawal management program under chapter 245F. (c) A client receiving peer recovery support services must participate in the services voluntarily. Any program that incorporates peer recovery support services must provide written notice to the client that peer recovery support services will be provided. (d) Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom they receive services.	January 1, 2025	S.F. No. 5335 125/3/9

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		Subd. 2. **Individual recovery plan**. (a) The individual recovery plan must be developed with the client and must be completed within the first three sessions with a recovery peer. (b) The recovery peer must document how each session ties into the client's individual recovery plan. The individual recovery plan must be updated as needed. The individual recovery plan must include: (1) the client's name; (2) the recovery peer's name; (3) the name of the recovery peer's supervisor; (4) the client's recovery goals; (5) the client's resources and assets to support recovery; (6) activities that may support meeting identified goals; and (7) the planned frequency of peer recovery support services sessions between the recovery peer and the client. Subd. 3. **Eligible vendor documentation requirements**. An eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must keep a secure file for each individual receiving medical assistance peer recovery support services. The file must include, at a minimum: (1) the client's comprehensive assessment under section 245G.05 that led to the client's referral for peer recovery support services; (2) the client's individual recovery plan; and (3) documentation of each billed peer recovery support services interaction between the client and the recovery peer, including the date, start and end time with a.m. and p.m. designations, the client's response, and the name of the recovery peer who provided the service.		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
2024 MN Law Sec 15		**DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**. By September 30, 2025, the ombudsman for mental health and developmental disabilities must provide a report to the governor and the chairs and ranking minority members of the legislative committees with jurisdiction over human services that contains summary information on complaints received regarding peer recovery support services provided by a recovery community organization as defined in Minnesota Statutes, section 254B.01, and any recommendations to the legislature to improve the quality of peer recovery support services, recovery peer worker misclassification, and peer recovery support services billing codes and procedures.	August 1, 2024	S.F. No. 5335 125/3/15
2024 MN Law Sec 16		**PEER RECOVERY SUPPORT SERVICES AND RECOVERY COMMUNITY ORGANIZATION WORKING GROUP**. Subdivision 1. **Establishment; duties**. The commissioner of human services must convene a working group to develop recommendations on: (1) peer recovery support services billing rates and practices, including a billing model for providing services to groups of up to four clients and groups larger than four clients at one time; (2) acceptable activities to bill for peer recovery services, including group activities and transportation related to individual recovery plans; (3) ways to address authorization for additional service hours and a review of the amount of peer recovery support services clients may need; (4) improving recovery peer supervision and reimbursement for the costs of providing recovery peer supervision for provider organizations;	August 1, 2024	S.F. No. 5335 125/3/16

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		(5) certification or other regulation of recovery community organizations and recovery peers; and (6) policy and statutory changes to improve access to peer recovery support services and increase oversight of provider organizations. Subd. 2. **Membership; meetings**. (a) Members of the working group must include but not be limited to: (1) a representative of the Minnesota Alliance of Recovery Community Organizations; (2) a representative of the Minnesota Association of Resources for Recovery and Chemical Health; (3) representatives from at least three recovery community organizations who are eligible vendors of peer recovery support services under Minnesota Statutes, section 254B.05, subdivision 1; (4) at least two currently practicing recovery peers qualified under Minnesota Statutes, section 245I.04, subdivision 18; (5) at least two individuals currently providing supervision for recovery peers according to Minnesota Statutes, section 245I.04, subdivision 19; (6) the commissioner of human services or a designee; (7) a representative of county social services agencies; and (8) a representative of a Tribal social services agency. (b) Members of the working group may include a representative of the Alliance for Recovery Centered Organizations and a representative of the Council on Accreditation of Peer Recovery Support Services. (c) The commissioner of human services must make appointments to the working group by October 1, 2024, and convene the first meeting of the working group by December 1, 2024. (d) The commissioner of human services must provide administrative support and meeting space for the		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		working group. The working group may conduct meetings remotely. Subd. 3. **Report**. The commissioner must complete and submit a report on the recommendations in this section to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance on or before August 1, 2025. Subd. 4. **Expiration**. The working group expires upon submission of the report to the legislature under subdivision 3.		