

254B Substance Use Disorder Treatment: Side-by-Side Legislative Changes 2023

Includes: Updates and Additions to the Behavioral Health Fund, Local Agency Responsibilities, Vendor Eligibility, Rate Methodology, and ASAM Criteria, Levels of Care and Evidence Based Training.

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<u>254B.01 Subd. 2a</u>		<u>American Society of Addiction Medicine criteria or ASAM criteria.</u> "American Society of Addiction Medicine criteria" or "ASAM criteria" means the <u>clinical guidelines for purposes of assessment, treatment, placement, and transfer or discharge of individuals with substance use disorders. The ASAM criteria are contained in the most current edition of the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/28
<u>254B.01 Subd. 2b</u>		<u>Behavioral health fund.</u> "Behavioral health fund" means <u>money allocated for payment of treatment services under chapter 254B.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/29
<u>254B.01 Subd. 2c</u>		<u>Client.</u> "Client" means an individual who has <u>requested substance use disorder services or for whom substance use disorder services have been requested.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/30
<u>254B.01 Subd. 2d</u>		<u>Co-payment.</u> "Co-payment" means: <u>(1) the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment; or (2) the amount an insured person is obligated to pay in</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/31

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		addition to the amount the person's third-party payment source is obligated to pay.		
<u>254B.01 Subd. 4c</u>		Department. "Department" means the <u>Department of Human Services.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/32
<u>254B.01 Subd. 4d</u>		Drug and Alcohol Abuse Normative Evaluation System or DAANES. "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the reporting system used to collect all <u>substance use disorder treatment data across all levels of care and providers.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/33
254B.01 Subd. 5	Local agency. "Local agency" means the agency designated by a board of county commissioners, a local social services agency, or a human services board to make placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to 20.	Local agency. "Local agency" means the agency designated by a board of county commissioners, a local social services agency, or a human services board to make placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to 20 <u>authorized under section 254B.03, subdivision 1, to determine financial eligibility for the behavioral health fund.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/34
<u>254B.01 Subd. 6a</u>		Minor child. "Minor child" means an individual <u>under the age of 18 years.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/35
<u>254B.01 Subd. 6d</u>		Policyholder. "Policyholder" means a person who <u>has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/36
254B.01 Subd. 8	Recovery community organization. "Recovery community organization" means an independent organization led and governed by representatives of local communities of recovery. A recovery community organization mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term	Recovery community organization. "Recovery community organization" means an independent, <u>nonprofit</u> organization led and governed by representatives of local communities of recovery. A recovery community organization mobilizes resources within and outside of the recovery community to increase the prevalence and	<u>8/1/2023</u>	H.F.No. 1403 50/3/5

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	<p>recovery from alcohol and other drug addiction. Recovery community organizations provide peer-based recovery support activities such as training of recovery peers. Recovery community organizations provide mentorship and ongoing support to individuals dealing with a substance use disorder and connect them with the resources that can support each person's recovery. A recovery community organization also promotes a recovery-focused orientation in community education and outreach programming, and organize recovery-focused policy advocacy activities to foster healthy communities and reduce the stigma of substance use disorder.</p>	<p>quality of long-term recovery from alcohol and other drug addiction <u>substance use disorder</u>. Recovery community organizations provide peer-based recovery support activities such as training of recovery peers. Recovery community organizations provide mentorship and ongoing support to individuals dealing with a substance use disorder and connect them with the resources that can support each person's recovery. A recovery community organization also promotes a recovery-focused orientation in community education and outreach programming, and organize recovery-focused policy advocacy activities to foster healthy communities and reduce the stigma of substance use disorder.</p>		
<p><u>254B.01 Subd. 9</u></p>		<p>Responsible relative. "Responsible relative" means a person who is a member of the client's household and is the client's spouse or the parent of a minor child who is a client.</p>	<p>8/1/2023</p>	<p>H.F.No. 1403 50/2/37</p>
<p><u>254B.01 Subd. 10</u></p>		<p>Skilled treatment services. "Skilled treatment services" includes the treatment services described in section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4), and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified professionals as identified in section 245G.07, subdivision 3.</p>	<p>8/1/2023</p>	<p>H.F.No. 1403 50/2/38</p>
<p><u>254B.01 Subd. 11</u></p>		<p>Third-party payment source "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part</p>	<p>8/1/2023</p>	<p>H.F.No. 1403 50/2/39</p>

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		<u>of the costs of a client's substance use disorder treatment.</u>		
<u>254B.01 Subd. 12</u>		Vendor. "Vendor" means a provider of substance use disorder treatment services that meets the criteria established in section 254B.05, and that has applied to participate as a provider in the medical assistance program according to Minnesota Rules, part 9505.0195.	8/1/2023	H.F.No. 1403 50/2/40
254B.02 Subd. 5	Administrative adjustment. The commissioner may make payments to local agencies from money allocated under this section to support administrative activities under sections 254B.03 and 254B.04. The administrative payment must not exceed the lesser of: (1) five percent of the first \$50,000, four percent of the next \$50,000, and three percent of the remaining payments for services from the special revenue account according to subdivision 1; or (2) the local agency administrative payment for the fiscal year ending June 30, 2009, adjusted in proportion to the statewide change in the appropriation for this chapter.	Administrative adjustment Local agency allocation. The commissioner may make payments to local agencies from money allocated under this section to support administrative activities under sections 254B.03 and 254B.04 individuals with substance use disorders. The administrative payment must not exceed the lesser of: (1) five percent of the first \$50,000, four percent of the next \$50,000, and three percent of the remaining payments for services from the special revenue account according to subdivision 1; or (2) <u>be less than 133 percent of the local agency administrative payment</u> for the fiscal year ending June 30, 2009, adjusted in proportion to the statewide change in the appropriation for this chapter.	8/1/2023	S.F.No. 2995 70/9/23
254B.03 Subd. 1 (a)	Local agency duties. (a) Every local agency shall provide substance use disorder services to persons residing within its jurisdiction who meet criteria established by the commissioner for placement in a substance use disorder residential or nonresidential treatment service. Substance use disorder money must be administered by the local agencies according to law and rules adopted by the commissioner under sections 14.001 to 14.69.	Local agency duties. (a) Every local agency shall <u>must determine financial eligibility for substance use disorder services and</u> provide substance use disorder services to persons residing within its jurisdiction who meet criteria established by the commissioner for placement in a substance use disorder residential or nonresidential treatment service. Substance use disorder money must be administered by the local agencies according to law and rules adopted	8/1/2023	H.F.No. 1403 50/2/41

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		by the commissioner under sections 14.001 to 14.69.		
254B.03 Subd. 1 (c)	A culturally specific vendor that provides assessments under a variance under Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons not covered by the variance.	(c) A culturally specific vendor that provides assessments under a variance under Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons not covered by the variance.		
254B.03 Subd. 1 (d)	Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.	(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c) An individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.		
254B.03 Subd. 1 (e)	Beginning July 1, 2022, local agencies shall not make placement location determinations.	(e) (d) Beginning July 1, 2022, local agencies shall not make placement location determinations.		
254B.03 Subd. 2 (b)	Behavioral Health Fund Payment. A county may, from its own resources, provide substance use disorder services for which state payments are not made. A county may elect to use the same invoice procedures and obtain the same state payment services as are used for substance use disorder services for which state payments are made under this section if county payments are made to the state in advance of state payments to vendors. When a county uses the state system for payment, the commissioner shall make monthly billings to the county using the most recent available information to determine the anticipated services for which payments will be	Behavioral Health Fund Payment (b) A county may, from its own resources, provide substance use disorder services for which state payments are not made. A county may elect to use the same invoice procedures and obtain the same state payment services as are used for substance use disorder services for which state payments are made under this section if county payments are made to the state in advance of state payments to vendors. When a county uses the state system for payment, the commissioner shall make monthly billings to the county using the most recent available information to determine the anticipated services for which	<u>8/1/2023</u>	H.F.No. 1403 50/2/42

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	made in the coming month. Adjustment of any overestimate or underestimate based on actual expenditures shall be made by the state agency by adjusting the estimate for any succeeding month.	payments will be made in the coming month. Adjustment of any overestimate or underestimate based on actual expenditures shall be made by the state agency by adjusting the estimate for any succeeding month.		
254B.03 Subd. 2 (c)	(c) The commissioner shall coordinate substance use disorder services and determine whether there is a need for any proposed expansion of substance use disorder treatment services. The commissioner shall deny vendor certification to any provider that has not received prior approval from the commissioner for the creation of new programs or the expansion of existing program capacity. The commissioner shall consider the provider's capacity to obtain clients from outside the state based on plans, agreements, and previous utilization history, when determining the need for new treatment services.	(c) (b) The commissioner shall coordinate substance use disorder services and determine whether there is a need for any proposed expansion of substance use disorder treatment services. The commissioner shall deny vendor certification to any provider that has not received prior approval from the commissioner for the creation of new programs or the expansion of existing program capacity. The commissioner shall consider the provider's capacity to obtain clients from outside the state based on plans, agreements, and previous utilization history, when determining the need for new treatment services.		
254B.03 Subd. 2 (d)	(d) At least 60 days prior to submitting an application for new licensure under chapter 245G, the applicant must notify the county human services director in writing of the applicant's intent to open a new treatment program. The written notification must include, at a minimum:	(d) (c) At least 60 days prior to submitting an application for new licensure under chapter 245G, the applicant must notify the county human services director in writing of the applicant's intent to open a new treatment program. The written notification must include, at a minimum:		
254B.03 Subd. 2 (d)(1)	(1) a description of the proposed treatment program; and	(1) a description of the proposed treatment program; and		
254B.03 Subd. 2 (d)92)	(2) a description of the target population to be served by the treatment program.	(2) a description of the target population to be served by the treatment program.		
254B.03 Subd. 2 (e)	(e) The county human services director may submit a written statement to the commissioner,	(e) (d) The county human services director may submit a written statement to the commissioner,		

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	within 60 days of receiving notice from the applicant, regarding the county's support of or opposition to the opening of the new treatment program. The written statement must include documentation of the rationale for the county's determination. The commissioner shall consider the county's written statement when determining whether there is a need for the treatment program as required by paragraph (c).	within 60 days of receiving notice from the applicant, regarding the county's support of or opposition to the opening of the new treatment program. The written statement must include documentation of the rationale for the county's determination. The commissioner shall consider the county's written statement when determining whether there is a need for the treatment program as required by paragraph (c).		
254B.03 Subd. 5	Rules; appeal. The commissioner shall adopt rules as necessary to implement this chapter. The commissioner shall establish an appeals process for use by recipients when services certified by the county are disputed. The commissioner shall adopt rules and standards for the appeal process to assure adequate redress for persons referred to inappropriate services.	Rules; appeal. The commissioner shall adopt rules as necessary to implement this chapter. The commissioner shall establish an appeals process for use by recipients when services certified by the county are disputed. The commissioner shall adopt rules and standards for the appeal process to assure adequate redress for persons referred to inappropriate services.	<u>8/1/2023</u>	H.F.No. 1403 50/2/43
254B.04 Subd. 1 (a)	Eligibility. (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose.	Eligibility. Scope and applicability. (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose. <u>This section governs the administration of the behavioral health fund, establishes the criteria to be applied by local agencies to determine a client's financial eligibility under the behavioral health fund, and determines a client's obligation to pay for substance use disorder treatment services.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/44
254B.04 Subd. 1 (b)	(b) Persons with dependent children who are determined to be in need of chemical	(b) Persons with dependent children who are determined to be in need of chemical		

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	dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.	dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.		
254B.04 Subd. 1 (c)	(c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12).	(c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12).		
<u>254B.04</u> <u>Subd. 1a</u> <u>(a)</u>		<u>Client eligibility.</u> (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose.	8/1/2023	H.F.No. 1403 50/2/45
<u>254B.04</u> <u>Subd. 1a</u> <u>(b)</u>		<u>Persons with dependent children who are determined to be in need of chemical dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay</u>		

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		<u>in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.</u>		
<u>254B.04 Subd. 1a (c)</u>		<u>Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12).</u>		
<u>254B.04 Subd. 1a (d)</u>		<u>A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client:</u>		
<u>254B.04 Subd. 1a (d) (1)</u>		<u>(1) is eligible for MFIP as determined under chapter 256J;</u>		
<u>254B.04 Subd. 1a (d) (2)</u>		<u>(2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150;</u>		
<u>254B.04 Subd. 1a (d) (3)</u>		<u>(3) is eligible for general assistance, general assistance medical care, or work readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1318; or</u>		
<u>254B.04 Subd. 1a (d) (4)</u>		<u>(4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7.</u>		
<u>254B.04 Subd. 1a (e)</u>		<u>Clients who meet the financial eligibility requirement in paragraph (a) and who have a third-party payment source are eligible for the behavioral health fund if the third-party payment source pays less than 100 percent of the cost of treatment services for eligible clients.</u>		
<u>254B.04 Subd. 1a (f)</u>		<u>A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client:</u>		
<u>254B.04 Subd. 1a (f)(1)</u>		<u>(1) has an income that exceeds current household size and income guidelines for entitled</u>		

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		<u>persons as defined in this subdivision and subdivision 7; or</u>		
<u>254B.04 Subd. 1a (f)(2)</u>		<u>(2) has an available third-party payment source that will pay the total cost of the client's treatment.</u>		
<u>254B.04 Subd. 1a (g)</u>		<u>A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client:</u>		
<u>254B.04 Subd. 1a (g)(1)</u>		<u>(1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or</u>		
<u>254B.04 Subd. 1a (g)(2)</u>		<u>(2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04.</u>		
<u>254B.04 Subd. 1a (h)</u>		<u>When a county commits a client under chapter 253B to a regional treatment center for substance use disorder services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to section 254B.05, subdivision 4.</u>		
254B.04 Subd. 2a	Eligibility for treatment in residential settings. Notwithstanding provisions of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in making placements to residential treatment settings, a person eligible for services under this section must score at level 4 on assessment dimensions related to relapse, continued use, or recovery environment in order to be assigned to services with a room and board component reimbursed under this section.	Eligibility for treatment in residential settings room and board services for persons in outpatient substance use disorder treatment. Notwithstanding provisions of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in making placements to residential treatment settings, A person eligible for room and board services under this section <u>254B.05, subdivision 5, paragraph (b), clause (12), must score at level 4</u>	8/1/2023	H.F.No. 1403 50/2/46

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	Whether a treatment facility has been designated an institution for mental diseases under United States Code, title 42, section 1396d, shall not be a factor in making placements.	on assessment dimensions related to <u>readiness to change</u> , relapse, continued use, or recovery environment in order to be assigned to services with a room and board component reimbursed under this section. Whether a treatment facility has been designated an institution for mental diseases under United States Code, title 42, section 1396d, shall not be a factor in making placements.		
254B.04 Subd. 2b	Eligibility for placement in opioid treatment programs. Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement.	REPEALED	<u>8/1/2023</u>	H.F.No. 1403 50 Repealed
254B.04 Subd. 2c	Eligibility to receive peer recovery support and treatment service coordination. Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing authority may authorize peer recovery support and treatment service coordination for a person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules, part 9530.6622. Authorization for peer recovery support and treatment service coordination under this subdivision does not need to be provided in conjunction with treatment services under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.	REPEALED		

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<u>254B.04 Subd. 4 (a)</u>		Assessment criteria and risk descriptions. (a) <u>The level of care determination must follow criteria approved by the commissioner.</u>	8/1/2023	H.F.No. 1403 50/2/47
<u>254B.04 Subd. 4 (b)</u>		<u>Dimension 1: Acute intoxication and withdrawal potential. A vendor must use the following criteria in Dimension 1 to determine a client's acute intoxication and withdrawal potential, the client's ability to cope with withdrawal symptoms, and the client's current state of intoxication.</u>		
<u>254B.04 Subd. 4 (c)</u>		<u>Dimension 2: Biomedical conditions and complications. The vendor must use the following criteria in Dimension 2 to determine a client's biomedical conditions and complications, the degree to which any physical disorder of the client would interfere with treatment for substance use, and the client's ability to tolerate any related discomfort. If the client is pregnant, the provider must determine the impact of continued substance use on the unborn child.</u>		
<u>254B.04 Subd. 4 (d)</u>		<u>Dimension 3: Emotional, behavioral, and cognitive conditions and complications. The vendor must use the following criteria in Dimension 3 to determine a client's emotional, behavioral, and cognitive conditions and complications; the degree to which any condition or complication is likely to interfere with treatment for substance use or with functioning in significant life areas; and the likelihood of harm to self or others.</u>		
<u>254B.04 Subd. 4 (e)</u>		<u>Dimension 4: Readiness for change. The vendor must use the following criteria in Dimension 4 to determine a client's readiness for change and the</u>		

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		<u>support necessary to keep the client involved in treatment services.</u>		
254B.04 Subd. 4 (f)		<u>Dimension 5: Relapse, continued use, and continued problem potential. The vendor must use the following criteria in Dimension 5 to determine a client's relapse, continued use, and continued problem potential and the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.</u>		
254B.04 Subd. 4 (g)		<u>Dimension 6: Recovery environment. The vendor must use the following criteria in Dimension 6 to determine a client's recovery environment, whether the areas of the client's life are supportive of or antagonistic to treatment participation and recovery.</u>		
254B.04 Subd. 5		<u>Local agency responsibility to provide services.</u> <u>The local agency may employ individuals to conduct administrative activities and facilitate access to substance use disorder treatment services.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/48
254B.04 Subd. 6 (a)		<u>Local agency to determine client financial eligibility.</u> <u>(a) The local agency shall determine a client's financial eligibility for the behavioral health fund according to section 254B.04, subdivision 1a, with the income calculated prospectively for one year from the date of comprehensive assessment. The local agency shall pay for eligible clients according to chapter 256G. The local agency shall enter the financial eligibility span within ten calendar days of request. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/49

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		<u>must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's substance use disorder treatment.</u>		
<u>254B.04 Subd. 6 (b)</u>		<u>A client who is a minor child must not be deemed to have income available to pay for substance use disorder treatment, unless the minor child is responsible for payment under section 144.347 for substance use disorder treatment services sought under section 144.343, subdivision 1.</u>		
<u>254B.04 Subd. 6 (c)</u>		<u>The local agency must determine the client's household size as follows:</u>		
<u>254B.04 Subd. 6 (c) (1)</u>		<u>(1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit:</u>		
<u>254B.04 Subd. 6 (c)(1)(i)</u>		<u>(i) the client;</u>		
<u>254B.04 Subd. 6 (c)(1)(ii)</u>		<u>(ii) the client's birth or adoptive parents; and</u>		
<u>254B.04 Subd. 6 (c)(1)(iii)</u>		<u>(iii) the client's siblings who are minors; and</u>		
<u>254B.04 Subd. 6 (c)(2)</u>		<u>(2) if the client is an adult, the household size includes the following persons living in the same dwelling unit:</u>		
<u>254B.04 Subd. 6 (c)(2)(i)</u>		<u>(i) the client;</u>		
<u>254B.04 Subd. 6 (c)(2)(ii)</u>		<u>(ii) the client's spouse;</u>		

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<u>254B.04 Subd. 6 (c)(2)(iii)</u>		<u>(iii) the client's minor children; and</u>		
<u>254B.04 Subd. 6 (c)(2)(iv)</u>		<u>(iv) the client's spouse's minor children.</u>		
<u>254B.04 Subd. 6 (c)</u>		<u>For purposes of this paragraph, household size includes a person listed in clauses (1) and (2) who is in an out-of-home placement if a person listed in clause (1) or (2) is contributing to the cost of care of the person in out-of-home placement.</u>		
<u>254B.04 Subd. 6 (d)</u>		<u>(d) The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of co-payment.</u>		
<u>254B.04 Subd. 6 (e)</u>		<u>(e) The local agency must provide the required eligibility information to the department in the manner specified by the department.</u>		
<u>254B.04 Subd. 6 (f)</u>		<u>(f) The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.</u>		
<u>254B.04 Subd. 6 (g)</u>		<u>(g) The local agency must redetermine a client's eligibility for the behavioral health fund every 12 months.</u>		
<u>254B.04 Subd. 6 (h)</u>		<u>(h) A client, responsible relative, and policyholder must provide income or wage verification, household size verification, and must make an assignment of third-party payment rights under paragraph (f). If a client, responsible relative, or</u>		

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		<u>policyholder does not comply with the provisions of this subdivision, the client is ineligible for behavioral health fund payment for substance use disorder treatment, and the client and responsible relative must be obligated to pay for the full cost of substance use disorder treatment services provided to the client.</u>		
<u>254B.04 Subd. 7</u>		Client fees. <u>A client whose household income is within current household size and income guidelines for entitled persons as defined in section 254B.04, subdivision 1a, must pay no fee for care related to substance use disorder, including drug screens.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/50
<u>254B.04 Subd. 8</u>		Vendor must participate in DAANES system. <u>To be eligible for payment under the behavioral health fund, a vendor must participate in the Drug and Alcohol Abuse Normative Evaluation System (DAANES) or submit to the commissioner the information required in the DAANES in the format specified by the commissioner.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/2/51
254B.041S ubd. 2	Vendor collections; rule amendment. The commissioner may amend Minnesota Rules, parts 9530.7000 to 9530.7025, to require a vendor of substance use disorder transitional and extended care rehabilitation services to collect the cost of care received under a program from an eligible person who has been determined to be partially responsible for treatment costs, and to remit the collections to the commissioner. The commissioner shall pay to a vendor, for the collections, an amount equal to five percent of the collections remitted to the commissioner by the vendor.	REPEALED	<u>8/1/2023</u>	H.F.No. 1403 50 Repealed

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254B.05 Subd.1 (c)	<p>License required. (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)</p>	<p>License required. (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). <u>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.</u></p>	8/1/2023	S.F.No. 2934 61/4/9
254B.05 Subd.1 (f)		<p><u>(f) Hospitals, federally qualified health centers, and rural health clinics are eligible vendors of a comprehensive 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.</u></p>	Effective upon federal approval.	S.F.No. 2995 70/9/24
254B.05 Subd.1 (d)	<p>License Required. (d) A recovery community organization that meets certification requirements identified by the commissioner is an eligible vendor of peer support services.</p>	<p>License Required. (d) A recovery community organization that meets certification <u>the requirements identified by the commissioner 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</u></p>	8/1/2023	H.F.No. 1403 50/3/6

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		<u>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:</u>		
<u>254B.05 Subd.1 (d)(1)</u>		<u>(1) be nonprofit organizations;</u>		
<u>254B.05 Subd.1 (d)(2)</u>		<u>(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;</u>		
<u>254B.05 Subd.1 (d)(3)</u>		<u>(3) primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus;</u>		
<u>254B.05 Subd.1 (d)(4)</u>		<u>(4) be grassroots and reflective of and engaged with the community served;</u>		
<u>254B.05 Subd.1 (d)(5)</u>		<u>(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;</u>		
<u>254B.05 Subd.1 (d)(6)</u>		<u>(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;</u>		
<u>254B.05 Subd.1 (d)(7)</u>		<u>(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</u>		

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		<u>harm reduction paths, faith-based paths, and nonfaith-based paths;</u>		
<u>254B.05 Subd.1 (d)(8)</u>		<u>(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;</u>		
<u>254B.05 Subd.1 (d)(9)</u>		<u>(9) be stewards of recovery-friendly language that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; and</u>		
<u>254B.05 Subd.1 (d)(10)</u>		<u>(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.</u>		
<u>254B.05 Subd.1 (e)</u>		<u>(e) Recovery community organizations approved by the commissioner before June 30, 2023, shall retain their designation as recovery community organizations.</u>		
<u>254B.05 Subd.1 (f)</u>		<u>(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.</u>		
<u>254B.05 Subd.1 (g)</u>		(e) <u>(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</u>		

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		requirements of subdivisions 1a and 1b are not eligible vendors.		
254B.05 Subd. 1a (a)	Room and board provider requirements. Effective January 1, 2000, vendors of room and board are eligible for behavioral health fund payment if the vendor:	Room and board provider requirements. Effective January 1, 2000, Vendors of room and board are eligible for behavioral health fund payment if the vendor:	<u>7/1/2023</u>	S.F.No. 2995 70/9/25
254B.05 Subd. 1a (a)(7)	has awake staff on site 24 hours per day	has awake staff on site 24 hours per day whenever a client is present;	<u>8/1/2023</u>	H.F.No. 1403 50/1/21
<u>254B.04 Subd. 1a (d)</u>		<u>(d) Programs providing children's residential services under section 245.4882, except services for individuals who have a placement under chapter 260C or 260D, are eligible vendors of room and board.</u>	<u>7/1/2023</u>	S.F.No. 2995 70/9/25
254B.04 Subd. 1a (d)	Licensed programs providing intensive residential treatment services or residential crisis stabilization services pursuant to section <u>256B.0622</u> or <u>256B.0624</u> are eligible vendors of room and board and are exempt from paragraph (a), clauses (6) to (15).	(d) <u>(e)</u> Licensed programs providing intensive residential treatment services or residential crisis stabilization services pursuant to section <u>256B.0622</u> or <u>256B.0624</u> are eligible vendors of room and board and are exempt from paragraph (a), clauses (6) to (15).		
<u>254B.05 Subd. 1a (e)</u>		<u>(e) A vendor that is not licensed as a residential treatment program must have a policy to address staffing coverage when a client may unexpectedly need to be present at the room and board site.</u>	<u>8/1/2023</u>	H.F.No. 1403 50/1/21
254B.05 Subd. 5 (b)	Rate requirements. (b) Eligible substance use disorder treatment services include:	Rate requirements. (b) Eligible substance use disorder treatment services include:	<u>January 1, 2025, or</u>	H.F.No. 1403 50/2/52
254B.05 Subd. 5 (b)(1)	(1) outpatient treatment services that are licensed according to sections 245G.01 to 245G.17, or applicable tribal license;	(1) outpatient treatment services that are licensed according to sections 245G.01 to 245G.17, or applicable tribal license; those licensed, as applicable, according to chapter 245G or applicable Tribal license and	<u>upon federal approval, whichever is later.</u>	

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		<u>provided according to the following ASAM levels of care:</u>		
<u>254B.05 Sudb. 5 (b)(1)(i)</u>		<u>(i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);</u>		
<u>254B.05 Sudb. 5 (b)(1)(ii)</u>		<u>(ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2);</u>		
<u>254B.05 Sudb. 5 (b)(1)(iii)</u>		<u>(iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3);</u>		
<u>254B.05 Sudb. 5 (b)(1)(iv)</u>		<u>(iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4);</u>		
<u>254B.05 Sudb. 5 (b)(1)(v)</u>		<u>(v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);</u>	January 1, 2024, or upon federal approval, whichever is later.	H.F.No. 1403 50/2/52
<u>254B.05 Sudb. 5 (b)(1)(vi)</u>		<u>(vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and</u>		
<u>254B.05 Sudb. 5 (b)(1)(vii)</u>		<u>(vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);</u>		
<u>254B.05 Sudb. 5 (b)(3)</u>	care coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);	<u>(3) care treatment coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);</u>		
<u>254B.05 Sudb. 5 (b)(5)</u>	on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;	<u>(5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;</u>		
<u>254B.05 Sudb. 5 (b)(6)</u>	substance use disorder treatment services with medications for opioid use disorder that are	<u>(6) substance use disorder treatment services with medications for opioid use disorder that are provided in an opioid treatment program</u>		

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	licensed according to sections to 245G.17 and 245G.22, or applicable tribal license;	licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;		
254B.05 Subd. 5 (b)(7)	substance use disorder treatment with medications for opioid use disorder plus enhanced treatment services that meet the requirements of clause (6) and provide nine hours of clinical services each week;	(7) substance use disorder treatment with medications for opioid use disorder plus enhanced treatment services that meet the requirements of clause (6) and provide nine hours of clinical services each week;		
254B.05 Subd. 5 (b)(8)	high, medium, and low intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which provide, respectively, 30, 15, and five hours of clinical services each week;	(8) high, medium, and low intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which provide, respectively, 30, 15, and five hours of clinical services each week;		
254B.05 Subd. 5 (b)(9)	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;	(9) (8) 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;		
254B.05 Subd. 5 (b)(10)	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;	(10) (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;		
254B.05 Subd. 5 (b)(11)	(11) high-intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of clinical services each week provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present	(11) high-intensity residential treatment (10) <u>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 30 hours of clinical services each week ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated</u>		

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	the most complex and difficult care needs, and are a potential threat to the community; and	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		
254B.05 Subd. 5 (b)(12)	room and board facilities that meet the requirements of subdivision 1a.	(12) (11) room and board facilities that meet the requirements of subdivision 1a.		
254B.05 Subd. 5 (c)(1)(i) (B)	meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or	(B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph (a), clause (6), and meets the requirements <u>is licensed under section chapter 245A and sections 245G.01 to 245G.19, subdivision 4; or</u>	8/1/2023	H.F.No. 1403 50/1/22
254B.05 Subd. 5 (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. Programs that provide child care according to paragraph (c), clause (1), must be deemed in compliance with the licensing requirements in section 245G.19.	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. Programs that provide child care according to paragraph (c), clause (1), must be deemed in compliance with the licensing requirements in section 245G.19.		
<u>254B.05 Subd. 5 (i)</u>		<u>(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.</u>	7/1/2023	H.F.No. 1403 50/2/52
254B.09 Subd. 2	American Indian agreements. The commissioner may enter into agreements with federally recognized tribal units to pay for substance use disorder treatment services provided under Laws 1986, chapter 394, sections 8 to 20. The agreements must clarify how the governing body	American Indian agreements. The commissioner may enter into agreements with federally recognized tribal units to pay for substance use disorder treatment services provided under Laws 1986, chapter 394, sections 8 to 20. The agreements must clarify how the governing body	8/1/2023	H.F.No. 1581 25/133

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	of the tribal unit fulfills local agency responsibilities regarding:	of the tribal unit fulfills local agency responsibilities regarding:		
254B.09 Subd. 2 (1)	(1) the form and manner of invoicing; and	(1) the form and manner of invoicing; and.		
254B.09 Subd. 2 (2)	(2) provide that only invoices for eligible vendors according to section 254B.05 will be included in invoices sent to the commissioner for payment, to the extent that money allocated under subdivisions 4 and 5 is used.	(2) provide that only invoices for eligible vendors according to section 254B.05 will be included in invoices sent to the commissioner for payment, to the extent that money allocated under subdivisions 4 and 5 is used.		
<u>245B.121 Subd. 1</u>		Rates established. Notwithstanding sections <u>254B.03, subdivision 9, paragraph (a), clause (2); 254B.05, subdivision 5, paragraph (a); and 254B.12, subdivision 1,</u> the commissioner shall <u>use the rates in this section for substance use disorder treatment services with medications for opioid use disorder.</u>	January 1, 2024 or upon federal approval, whichever is later.	S.F.No. 2934 61/4/11
<u>245B.121 Subd. 2</u>		Rate updates. Effective each January 1, the commissioner must update the rates for <u>substance use disorder treatment services with medications for opioid use disorder that are licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable Tribal license, to equal the corresponding Minnesota-specific, locality-adjusted Medicare rates for the same or comparable services in the calendar year in which the services are provided. This rate does not apply to federally qualified health centers, rural health centers, Indian health services, and certified community behavioral health centers.</u>		
<u>245B.121 Subd. 3</u>		Nondrug weekly bundle annual limit. No more than 30 weekly nondrug bundle charges are <u>eligible for coverage in the first calendar year that an enrollee is being treated by an opioid treatment provider and no more than 15 weekly</u>		

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		<p><u>nondrug bundle charges are eligible for coverage in subsequent calendar years. The commissioner may override the coverage limitation on the number of weekly nondrug bundle charges for an enrollee if the provider obtains authorization to exceed the limit and documents the medical necessity, services to be provided, and rationale for requiring the enrollee to report to the provider's facility for a face-to-face encounter more frequently.</u></p>		
<u>245B.17</u>		<p>WITHDRAWAL MANAGEMENT START-UP AND CAPACITY-BUILDING GRANTS. The commissioner must establish start-up and capacity-building grants for prospective or new withdrawal management programs licensed under chapter 245F that will meet medically monitored or clinically monitored levels of care. Grants may be used for expenses that are not reimbursable under Minnesota health care programs, including but not limited to:</p>	7/1/2023	S.F.No. 2934 61/4/12
<u>245B.17 (1)</u>		(1) costs associated with hiring staff;		
<u>245B.17 (2)</u>		(2) costs associated with staff retention;		
<u>245B.17 (3)</u>		(3) the purchase of office equipment and supplies;		
<u>245B.17 (4)</u>		(4) the purchase of software;		
<u>245B.17 (5)</u>		(5) costs associated with obtaining applicable and required licenses;		
<u>245B.17 (6)</u>		(6) business formation costs;		
<u>245B.17 (7)</u>		(7) costs associated with staff training; and		
<u>245B.17 (8)</u>		(8) the purchase of medical equipment and supplies necessary to meet health and safety requirements.		

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<u>254B.18 (a)</u>		<u>SAFE RECOVERY SITES START-UP AND CAPACITY-BUILDING GRANTS.</u> (a) <u>The commissioner of human services must establish start-up and capacity-building grants for current or prospective harm reduction organizations to promote health, wellness, safety, and recovery to people who are in active stages of substance use disorder. Grants must be used to establish safe recovery sites that offer harm reduction services and supplies, including but not limited to:</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/13
<u>254B.18 (a)(1)</u>		<u>(1) safe injection spaces;</u>		
<u>254B.18 (a)(2)</u>		<u>(2) sterile needle exchange;</u>		
<u>254B.18 (a)(3)</u>		<u>(3) opiate antagonist rescue kits;</u>		
<u>254B.18 (a)(4)</u>		<u>(4) fentanyl and other drug testing;</u>		
<u>254B.18 (a)(5)</u>		<u>(5) street outreach;</u>		
<u>254B.18 (a)(6)</u>		<u>(6) educational and referral services;</u>		
<u>254B.18 (a)(7)</u>		<u>(7) health, safety, and wellness services; and</u>		
<u>254B.18 (a)(8)</u>		<u>(8) access to hygiene and sanitation.</u>		
<u>254B.18 (b)</u>		<u>(b) The commissioner must conduct local community outreach and engagement in collaboration with newly established safe recovery sites. The commissioner must evaluate the efficacy of safe recovery sites and collect data to measure health-related and public safety outcomes.</u>		

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<u>254B.18 (c)</u>		<u>(c) The commissioner must prioritize grant applications for organizations that are culturally specific or culturally responsive and that commit to serving individuals from communities that are disproportionately impacted by the opioid epidemic, including:</u>		
<u>254B.18 (c)(1)</u>		<u>(1) Native American, American Indian, and Indigenous communities; and</u>		
<u>254B.18 (c)(2)</u>		<u>(2) Black, African American, and African-born communities.</u>		
<u>254B.18 (d)</u>		<u>(d) For purposes of this section, a "culturally specific" or "culturally responsive" organization is an organization that is designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background, and is governed with significant input from individuals of that specific background.</u>		
<u>254B.19 Subd. 1</u>		<u>Level of care requirements.</u> <u>For each client assigned an ASAM level of care, eligible vendors must implement the standards set by the ASAM for the respective level of care. Additionally, vendors must meet the following requirements:</u>	<u>1/1/2024</u>	H.F.No. 1403 50/2/53
<u>254B.19 Subd. 1 (1)</u>		<u>(1) For ASAM level 0.5 early intervention targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed substance use disorder, early intervention services may include individual or group counseling, treatment coordination, peer recovery support, screening brief intervention, and referral to treatment provided according to section 254A.03, subdivision 3, paragraph (c)</u>		
<u>254B.19 Subd. 1 (2)</u>		<u>(2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of</u>		

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		<p><u>skilled treatment services and adolescents must receive up to five hours per week. Services must be licensed according to section 245G.20 and meet requirements under section 256B.0759. Peer recovery and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week.</u></p>		
<p><u>254B.19 Subd. 1 (3)</u></p>		<p><u>(3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours per week of skilled treatment services and adolescents must receive six or more hours per week. Vendors must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Peer recovery services and treatment coordination may be provided beyond the hourly skilled treatment service hours allowable per week. If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.</u></p>		
<p><u>254B.19 Subd. 1 (4)</u></p>		<p><u>(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of skilled treatment services. Services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Level 2.5 is for clients who need daily monitoring in a structured setting, as directed by the individual treatment plan and in accordance with the limitations in section 254B.05, subdivision 5, paragraph (h). If clinically indicated on the client's treatment plan, this service may be provided in conjunction with room and board according to section 254B.05, subdivision 1a.</u></p>		

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<u>254B.19</u> Subd. 1 (5)		<u>(5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide at least 5 hours of skilled treatment services per week according to each client's specific treatment schedule, as directed by the individual treatment plan. Programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759.</u>		
<u>254B.19</u> Subd. 1 (6)		<u>(6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan</u>		
<u>254B.19</u> Subd. 1 (7)		<u>(7) For ASAM level 3.5 clinically managed high-intensity residential clients, services must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage and provide, at a minimum, daily skilled treatment services seven days a week according</u>		

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		<u>to each client's specific treatment schedule, as directed by the individual treatment plan.</u>		
<u>254B.19 Subd. 1 (8)</u>		<u>(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.</u>		
<u>254B.19 Subd. 1 (9)</u>		<u>(9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.</u>		
<u>254B.19 Subd. 2</u>		<u>Patient referral arrangement agreement.</u> <u>The license holder must maintain documentation of a formal patient referral arrangement agreement for each of the following ASAM levels of care not provided by the license holder:</u>		
<u>254B.19 Subd. 2 (1)</u>		<u>(1) level 1.0 outpatient;</u>		
<u>254B.19 Subd. 2 (2)</u>		<u>(2) level 2.1 intensive outpatient;</u>		
<u>254B.19 Subd. 2 (3)</u>		<u>(3) level 2.5 partial hospitalization;</u>		
<u>254B.19 Subd. 2 (4)</u>		<u>(4) level 3.1 clinically managed low-intensity residential;</u>		
<u>254B.19 Subd. 2 (5)</u>		<u>(5) level 3.3 clinically managed population-specific high-intensity residential;</u>		
<u>254B.19 Subd. 2 (6)</u>		<u>(6) level 3.5 clinically managed high-intensity residential;</u>		
<u>254B.19 Subd. 2 (7)</u>		<u>(7) level withdrawal management 3.2 clinically managed residential withdrawal management; and</u>		
<u>254B.19 Subd. 2 (8)</u>		<u>(8) level withdrawal management 3.7 medically monitored inpatient withdrawal management.</u>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
<u>254B.19</u> <u>Subd. 3</u>		<u>Evidence-based practices.</u> All services delivered within the ASAM levels of care referenced in subdivision 1, clauses (1) to (7), must have documentation of the evidence-based practices being utilized as referenced in the most current edition of the <i>ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</i> .		
<u>254B.19</u> <u>Subd. 4</u>		<u>Program outreach plan.</u> Eligible vendors providing services under ASAM levels of care referenced in subdivision 1, clauses (2) to (7), must have a program outreach plan. The treatment director must document a review and update the plan annually. The program outreach plan must include treatment coordination strategies and processes to ensure seamless transitions across the continuum of care. The plan must include how the provider will:		
<u>254B.19</u> <u>Subd. 4 (1)</u>		(1) increase the awareness of early intervention treatment services, including but not limited to the services defined in section 254A.03, subdivision 3, paragraph (c);		
<u>254B.19</u> <u>Subd. 4 (2)</u>		(2) coordinate, as necessary, with certified community behavioral health clinics when a license holder is located in a geographic region served by a certified community behavioral health clinic;		
<u>254B.19</u> <u>Subd. 4 (3)</u>		(3) establish a referral arrangement agreement with a withdrawal management program licensed under chapter 245F when a license holder is located in a geographic region in which a withdrawal management program is licensed under chapter 245F. If a withdrawal management program licensed under chapter		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		<u>245F is not geographically accessible, the plan must include how the provider will address the client's need for this level of care;</u>		
<u>254B.19 Subd. 4 (4)</u>		<u>(4) coordinate with inpatient acute care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities, and ambulatory detoxification providers in the area served by the provider to help transition individuals from emergency department or hospital settings and minimize the time between assessment and treatment;</u>		
<u>254B.19 Subd. 4 (5)</u>		<u>(5) develop and maintain collaboration with local county and Tribal human services agencies; and</u>		
<u>254B.19 Subd. 4 (6)</u>		<u>(6) collaborate with primary care and mental health settings.</u>		
<u>254B.191</u>		<u>EVIDENCE-BASED TRAINING.</u> <u>The commissioner of human services must establish training opportunities for substance use disorder treatment providers under Minnesota Statutes, chapters 245F and 245G, and applicable Tribal licenses, to increase knowledge and develop skills to adopt evidence-based and promising practices in substance use disorder treatment programs. Training opportunities must support the transition to American Society of Addiction Medicine (ASAM) standards. Training formats may include self or organizational assessments, virtual modules, one-to-one coaching, self-paced courses, interactive hybrid courses, and in-person courses. Foundational and skill-building training topics may include:</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/15
<u>254B.191 (1)</u>		<u>(1) ASAM criteria;</u>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
<u>254B.191 (2)</u>		<u>(2) person-centered and culturally responsive services;</u>		
<u>254B.191 (3)</u>		<u>(3) medical and clinical decision making;</u>		
<u>254B.191 (4)</u>		<u>(4) conducting assessments and appropriate level of care;</u>		
<u>254B.191 (5)</u>		<u>(5) treatment and service planning;</u>		
<u>254B.191 (6)</u>		<u>(6) identifying and overcoming systems challenges;</u>		
<u>254B.191 (7)</u>		<u>(7) conducting clinical case reviews; and</u>		
<u>254B.191 (8)</u>		<u>(8) appropriate and effective transfer and discharge.</u>		