

Side-by-Side Legislative Changes 2024: 254B

Includes: Changes to substance use disorder (SUD) treatment services including client eligibility, vendor eligibility, rate requirements, levels of care, etc.

* 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
<u>254B.01 Subd. 4e</u>		Individual recovery plan. "Individual recovery plan" means a person-centered outline of supports that an eligible vendor of peer recovery support services under section 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support services needs and goals.	August 1, 2024	S.F. No. 5335 125/3/5
<u>254B.01 Subd. 8a</u>		Recovery peer. "Recovery peer" means a person who is qualified according to section 245I.04, subdivision 18, to provide peer recovery support services within the scope of practice provided under section 245I.04, subdivision 19.	August 1, 2024	S.F. No. 5335 125/3/6
254B.03 Subd. 4	Division of costs. (a) Except for services provided by a county under section <u>254B.09, subdivision 1</u> , or services provided under section <u>256B.69</u> , the county shall, out of local money, pay the state for 22.95 percent of the cost of substance use disorder services, except for those	Division of costs. (a) Except for services provided by a county under section 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out of local money, pay the state for 22.95 percent of the cost of substance use disorder services, except for those		S.F. No. 4399 108/4/17

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	services provided to persons enrolled in medical assistance under chapter 256B and room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12). Counties may use the indigent hospitalization levy for treatment and hospital payments made under this section. (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent for the cost of payment and collections, must be distributed to the county that paid for a portion of the treatment under this section.	services provided to persons enrolled in medical assistance under chapter 256B and room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12). Counties may use the indigent hospitalization levy for treatment and hospital payments made under this section. (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent for the cost of payment and collections, must be distributed to the county that paid for a portion of the treatment under this section.		
245B.04 Subd. 1a.	Client 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. (b) Persons with dependent children who are determined to be in need of substance use disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in need of chemical dependency treatment pursuant to 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. (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).	Client 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. (b) Persons with dependent children who are determined to be in need of substance use disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in need of chemical dependency treatment pursuant to 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. (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).	August 1, 2024	S.F. No. 4399 108/4/18

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	(d) A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client: (1) is eligible for MFIP as determined under chapter 256J; (2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150; (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 (4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7. (e) 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. (f) A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client: (1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or (2) has an available third-party payment source that will pay the total cost of the client's treatment. (g) 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: (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or	(d) A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client: (1) is eligible for MFIP as determined under chapter 256J; (2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0150; (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 (4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7. (e) 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. (f) A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client: (1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or (2) has an available third-party payment source that will pay the total cost of the client's treatment. (g) 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: (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or		

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	(2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04. (h) 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.	(2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local agency under section 254B.04. (h) 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.		
254B.04 Subd. 2a	Eligibility for room and board services for persons in outpatient substance use disorder treatment. A person eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12), must score at level 4 on assessment dimensions related to readiness to change, 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.	Eligibility for room and board services for persons in outpatient substance use disorder treatment. A person eligible for room and board services under section 254B.05, subdivision 5, paragraph (b), clause (12), must score at level 4 on assessment dimensions related to readiness to change, 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.	August 1, 2024	S.F. No. 4399 108/4/19
254B.04 Subd. 6	Local agency to determine client financial eligibility. (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 must determine the client's income, the size of the client's	Local agency to determine client financial eligibility. (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 request. 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 <u>only</u> forms prescribed by the department <u>commissioner unless the local agency has a reasonable basis for believing that the information</u>	August 1, 2024	S.F. No. 4399 108/4/20

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	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. (b) 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. (c) The local agency must determine the client's household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's birth or adoptive parents; and (iii) the client's siblings who are minors; and (2) if the client is an adult, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's spouse; (iii) the client's minor children; and (iv) the client's spouse's minor children. 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. (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	<u>submitted on a form is false</u>. To determine a client's eligibility, the local agency 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. (b) 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. (c) The local agency must determine the client's household size as follows: (1) if the client is a minor child, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's birth or adoptive parents; and (iii) the client's siblings who are minors; and (2) if the client is an adult, the household size includes the following persons living in the same dwelling unit: (i) the client; (ii) the client's spouse; (iii) the client's minor children; and (iv) the client's spouse's minor children. 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. (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		

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	total payment, partial payment, and amount of co-payment. (e) The local agency must provide the required eligibility information to the department in the manner specified by the department. (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. (g) The local agency must redetermine a client's eligibility for the behavioral health fund every 12 months. (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 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.	total payment, partial payment, and amount of co-payment. (e) The local agency must provide the required eligibility information to the department in the manner specified by the department. (f) The local agency shall require the client and policyholder to conditionally assign to the department the client and policy holder'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. (g) The local agency must redetermine a client's eligibility for the behavioral health fund every 12 months. (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 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.		
254B.04 Subd. 6a.		<u>Span of eligibility.</u> The local agency must enter the financial eligibility span within five business days of a request. If the comprehensive assessment is completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date services were initiated. If the comprehensive assessment is not completed within the timelines required under chapter 245G, then the span of eligibility must begin on the date the comprehensive assessment was completed.	August 1, 2024	S.F. No. 4399 108/4/21

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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. (d) A recovery community organization that meets the requirements of clauses (1) to (10) and meets	Licensure or certification 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 <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. (d) A recovery community organization that meets the requirements of clauses (1) to (10) <u>(12)</u> and meets	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

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	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: (1) be nonprofit organizations; (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;	membership <u>certification</u> or accreditation requirements of the Association of Recovery Community Organizations, <u>Alliance for Recovery Centered Organizations,</u> 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 <u>recovery</u> support services. <u>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.</u> Eligible vendors under this paragraph must: (1) be nonprofit organizations <u>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;</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; (3) primarily focus on recovery from substance use disorders, with missions and visions that support this primary focus <u>have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;</u>		

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	(4) be grassroots and reflective of and engaged with the community served; (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; (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; (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; (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; (9) be stewards of recovery-friendly language that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; and	(4) be grassroots and reflective of and engaged with the community served <u>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;</u> (5) be accountable to the recovery community through <u>documented priority-setting and participatory decision-making</u> 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, <u>and provide recovery public education and advocacy;</u> (7) <u>have written policies that</u> 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 <u>maintain organizational practices to meet the</u> needs of Black, Indigenous, and people of color communities, <u>including LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff development activities, organizational practices training,</u> service offerings, advocacy efforts, and culturally informed outreach and service plans <u>services;</u> (9) be stewards of <u>use</u> recovery-friendly language <u>in all media and written materials</u> that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma; and		

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	(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.	(10) <u>establish and</u> maintain an employee and volunteer a publicly available recovery community organization code of ethics and easily accessible grievance <u>policy and</u> procedures posted in physical spaces, on websites, or on program policies or forms.; <u>(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor; and</u> <u>(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</u> <u>(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025.</u> <u>(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:</u> <u>(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;</u> <u>(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</u> <u>(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint.</u>		

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	(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 assessment when the comprehensive assessment is completed according to section 245G.05 and by an	(e) A recovery community organizations <u>organization</u> approved by the commissioner before June 30, 2023, shall retain their designation as recovery community organizations <u>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.</u> (f) A recovery community organization that is aggrieved by an accreditation, <u>certification</u>, 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>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.</u> <u>(g) All recovery community organizations must be certified or accredited by an entity listed in paragraph (d) by June 30, 2025.</u> (g) <u>(h)</u> 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) <u>(i)</u> <i>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 <u>254A.19, subdivision 3</u> and by an individual who meets</i>		

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	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.	<i>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.</i> <u>(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.</u>		
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); (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided	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). <u>The commissioner shall use the base payment rate of \$79.84 per day for services provided under this item;</u> (vi) <u>ASAM level 3.1 clinically managed low-intensity residential services according to section 254B.19,</u>	<u>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 inform the revisor of statutes of</u>	S.F. No. 4399 108/4/23

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	according to section 254B.19, subdivision 1, clause (6); and (vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7); (2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05; (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;	<u>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;</u> <u>(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;</u> and (vii) <u>(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;</u> sections 245.4863, paragraph (a), and 245G.05 <u>section 254A.19, subdivision 3;</u> (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; <u>(7) substance use disorder treatment services with medications for opioid use disorder provided in an opioid treatment program licensed according to sections 245G.01 to 245G.17 and 245G.22, or under an applicable Tribal license;</u>	<u>the effective date upon federal approval.</u> January 1, 2025	S.F. No. 5335 125/3/8

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	(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 (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:	<u>(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;</u> (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 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 71.32 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or		

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	(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; (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	(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 <u>one hour</u> 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; (ii) the program employs a mental health professional as defined in section 245I.04, subdivision 2;		

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	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 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	(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		

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	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 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. <u>(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.</u> <u>(j) Eligible vendors of peer recovery support services must:</u> <u>(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</u> <u>(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.</u>		

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		<u>(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.</u> <u>(k) Hours in a treatment week may be reduced in observance of federally recognized holidays.</u>		
254B.052		<u>PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.</u> <u>Subdivision 1. Peer recovery support services; service requirements.</u> <u>(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.</u> <u>(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.</u> <u>(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.</u> <u>(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.</u>	January 1, 2025	S.F. No. 5335 125/3/9

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		<u>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.</u> <u>(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.</u> <u>The individual recovery plan must include:</u> <u>(1) the client's name;</u> <u>(2) the recovery peer's name;</u> <u>(3) the name of the recovery peer's supervisor;</u> <u>(4) the client's recovery goals;</u> <u>(5) the client's resources and assets to support recovery;</u> <u>(6) activities that may support meeting identified goals;</u> <u>and</u> <u>(7) the planned frequency of peer recovery support services sessions between the recovery peer and the client.</u> <u>Subd. 3. Eligible vendor documentation requirements.</u> <u>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:</u> <u>(1) the client's comprehensive assessment under section 245G.05 that led to the client's referral for peer recovery support services;</u> <u>(2) the client's individual recovery plan; and</u> <u>(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.</u>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
254B.181 Subd. 1	Requirements. All sober homes must comply with applicable state laws and regulations and local ordinances related to maximum occupancy, fire safety, and sanitation. In addition, all sober homes must: (1) maintain a supply of an opiate antagonist in the home and post information on proper use; (2) have written policies regarding access to all prescribed medications; (3) have written policies regarding evictions; (4) return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to contact persons listed as emergency contacts for the discharged person so that the items are returned; (5) document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency contact designated by the resident under certain circumstances, including but not limited to death due to an overdose; (6) maintain contact information for emergency resources in the community to address mental health and health emergencies; (7) have policies on staff qualifications and prohibition against fraternization; (8) have a policy on whether the use of medications for opioid use disorder is permissible;	Requirements. All sober homes must comply with applicable state laws and regulations and local ordinances related to maximum occupancy, fire safety, and sanitation. In addition, all sober homes must: (1) maintain a supply of an opiate antagonist in the home <u>in a conspicuous location</u> and post information on proper use; (2) have written policies regarding access to all prescribed medications; (3) have written policies regarding evictions; (4) return all property and medications to a person discharged from the home and retain the items for a minimum of 60 days if the person did not collect them upon discharge. The owner must make an effort to contact persons listed as emergency contacts for the discharged person so that the items are returned; (5) document the names and contact information for persons to contact in case of an emergency or upon discharge and notification of a family member, or other emergency contact designated by the resident under certain circumstances, including but not limited to death due to an overdose; (6) maintain contact information for emergency resources in the community to address mental health and health emergencies; (7) have policies on staff qualifications and prohibition against fraternization; (8) have a policy on whether the use of medications for opioid use disorder is permissible <u>permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration for the treatment of opioid use disorder;</u>	January 1, 2025, except clause (9) is effective June 1, 2026	S.F. No. 4399 108/4/24

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	(9) have a fee schedule and refund policy; (10) have rules for residents; (11) have policies that promote resident participation in treatment, self-help groups, or other recovery supports; (12) have policies requiring abstinence from alcohol and illicit drugs; and (13) distribute the sober home bill of rights.	(9) <u>permit residents to use, as directed by a licensed prescriber, legally prescribed and dispensed or administered pharmacotherapies approved by the United States Food and Drug Administration to treat co-occurring substance use disorders and mental health conditions;</u> (9) (10) have a fee schedule and refund policy; (10) (11) have rules for residents; (11) (12) have policies that promote resident participation in treatment, self-help groups, or other recovery supports; (12) (13) have policies requiring abstinence from alcohol and illicit drugs; and (13) (14) distribute the sober home bill of rights.		
254B.19, Subd. 1	Level of care requirements. 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: (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). (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of 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	Level of care requirements. (a) 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: (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). (2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of 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 undersection 256B.0759. Peer recovery and treatment coordination	Day following enactment	S.F. No. 5335 125/3/10

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	coordination may be provided beyond the hourly skilled treatment service hours allowable per week. (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. (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. (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. (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	may be provided beyond the hourly skilled treatment service hours allowable per week. (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 undersection 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. (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. (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. (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		

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	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. (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 to each client's specific treatment schedule, as directed by the individual treatment plan. (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F. (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.	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. (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 to each client's specific treatment schedule, as directed by the individual treatment plan. (8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F. (9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F. <u>(b) Notwithstanding the minimum daily skilled treatment service requirements under paragraph (a), clauses (6) and (7), ASAM level 3.3 and 3.5 vendors must provide each client at least 30 hours of treatment services per week for the period between January 1, 2024, through June 30, 2024.</u>		
256B.0759 Subd. 4	Provider payment rates. (a) Payment rates for participating providers must be increased for services	Provider payment rates. (a) Payment rates for participating providers must be increased for services	The day following	S.F. No. 4399

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	provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision 3. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to the commissioner, upon request, of the steps being taken. (b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met. (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019. (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clauses	provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to the commissioner, upon request, of the steps being taken. (b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met. (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause (8), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019. (d) (c) For <u>outpatient individual and group</u> substance use disorder services under section 254B.05, subdivision 5,	final enactment	108/4/26

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
	(1), (6), and (7), and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. (e) Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in paragraphs (c) and (d). The commissioner must monitor the effect of this requirement on the rate of access to substance use disorder services and residential substance use disorder rates. Capitation rates paid to managed care organizations and county-based purchasing plans must reflect the impact of this requirement. This paragraph expires if federal approval is not received at any time as required under this paragraph. (f) Effective July 1, 2021, contracts between managed care plans and county-based purchasing plans and providers to whom paragraph (e) applies must allow recovery of payments from those providers if, for any contract year, federal approval for the provisions of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment recoveries must not exceed the amount equal to any decrease in rates that results from this provision.	paragraph (b), clauses <u>clause</u> (1), (6), and (7), and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. (e) <u>(d)</u> Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in paragraphs <u>paragraph</u> (c) and (d). The commissioner must monitor the effect of this requirement on the rate of access to substance use disorder services and residential substance use disorder rates. Capitation rates paid to managed care organizations and county-based purchasing plans must reflect the impact of this requirement. This paragraph expires if federal approval is not received at any time as required under this paragraph. (f) <u>(e)</u> Effective July 1, 2021, contracts between managed care plans and county-based purchasing plans and providers to whom paragraph (e) <u>(d)</u> applies must allow recovery of payments from those providers if, for any contract year, federal approval for the provisions of paragraph (e) <u>(d)</u> is not received, and capitation rates are adjusted as a result. Payment recoveries must not exceed the amount equal to any decrease in rates that results from this provision. <u>(f) For substance use disorder services with medications for opioid use disorder under section 254B.05, subdivision 5, clause (7), provided on or after January 1,</u>		

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
		<u>2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon implementation of new rates according to section 254B.121, the 20 percent increase will no longer apply.</u>		
<u>2024 MN Law Sec 19</u>		<u>RESIDENTIAL SUBSTANCE USE DISORDER RATE INCREASE.</u> <u>The commissioner of human services must increase rates for residential substance use disorder services as authorized under Minnesota Statutes, section 254B.05, subdivision 5, paragraph (a), by three percent for the 1115 demonstration base rates in effect as of January 1, 2024.</u>	January 1, 2025, or upon federal approval, whichever is later.	S.F. No. 5335 125/3/19