

## Side-by-Side Legislative Changes 2025: Recovery Community Organizations and Peer Recovery Support Services

Includes: Changes to Recovery Community Organization requirements and peer recovery support services.

Please note that there are legislative changes in section 254B.05, subdivision 1, paragraph (d) in both HF 3 and HF 2115. To help distinguish these changes, HF 3 changes are shown in red text and the HF 2115 changes are shown in purple text.

Chapter Section Subd	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245.4907, Subd. 3	Subd. 3. <b>Allowable grant activities.</b> Grantees must use grant funding to provide training for mental health certified family peer specialists as specified in section 256B.0616, subdivision 5.	Subd. 3. <b>Allowable grant activities.</b> Grantees must use grant funding to provide training for mental health certified family peer <del>specialists</del> <u>specialist candidates and continuing education to certified family peer specialists</u> as specified in section 256B.0616, subdivision 5.	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 17
254B.052, Subd. 4		<u>Subd. 4. <b>Recovery community organization vendor compliance training.</b> (a) Effective January 1, 2027, in order to enroll as an eligible vendor of peer recovery support services, a recovery community organization must require all owners active in day-to-day management and operations of the organization and managerial and supervisory employees to complete compliance training before applying for enrollment and every three years thereafter. Mandatory compliance training format and content must be determined by the commissioner, and must include the following topics:</u> <u>(1) state and federal program billing, documentation, and service delivery requirements;</u> <u>(2) eligible vendor enrollment requirements;</u>	July 1, 2025	HF 3 Chapter 9, Article 4, Section 35

		<p><u>(3) provider program integrity, including fraud prevention, fraud detection, and penalties;</u></p> <p><u>(4) fair labor standards;</u></p> <p><u>(5) workplace safety requirements; and</u></p> <p><u>(6) recent changes in service requirements.</u></p> <p><u>(b) Any new owners active in day-to-day management and operations of the organization and managerial and supervisory employees must complete the training under this subdivision in order to be employed by or conduct management and operations activities for the organization. If the individual moves to another recovery community organization and serves in a similar ownership or employment capacity, the individual is not required to repeat the training required under this subdivision if the individual documents completion of the training within the past three years.</u></p> <p><u>(c) By July 1, 2026, the commissioner must make the training required under this subdivision available in person, online, or by electronic remote connection.</u></p> <p><u>(d) A recovery community organization enrolled as an eligible vendor before January 1, 2027, must document completion of the compliance training as required under this subdivision by January 1, 2028, and every three years thereafter.</u></p>		
254B.05, Subd. 1, paragraph (b)	(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 provided according to section 254A.19, subdivision 3, and treatment services provided according to sections 245G.06 and 245G.07, subdivision 1, paragraphs (a),	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 provided according to section 254A.19, subdivision 3, and treatment services provided according to sections 245G.06 and 245G.07, <del>subdivision 1, paragraphs (a),</del>	July 1, 2026, or upon federal approval, whichever is later.	HF 3 Chapter 9, Article 4, Section 31

	clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6).	<del>clauses (1) to (5), and (b); and subdivision 2, clauses (1) to (6)</del> subdivisions 1, 1a, and 1b.		
254B.05, Subd. 1, paragraph (c)	(c) A county is an eligible vendor for a comprehensive assessment 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 254A.19, subdivision 3. 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.	(c) A county is an eligible vendor for a comprehensive assessment 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 254A.19, subdivision 3. A county is an eligible vendor of <del>care</del> <u>treatment</u> 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, <del>paragraph (a), clause (5)</del> <u>1b</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>and according to section 254B.052.</u>	July 1, 2026, or upon federal approval, whichever is later.	HF 3 Chapter 9, Article 4, Section 31
254B.05, Subd. 1, paragraph (d)	(d) A recovery community organization that meets the requirements of clauses (1) to (14) and meets certification or accreditation requirements of the Alliance for Recovery Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide recovery organization identified by the commissioner is an eligible vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification or accreditation on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery	(d) A recovery community organization that meets the requirements of clauses (1) to <del>(14)</del> <u>(15)</u> , <u>complies with the training requirements in section 254B.052, subdivision 4,</u> and meets certification or accreditation requirements of the <del>Alliance for Recovery 171.22 Centered Organizations, the Council on Accreditation of Peer Recovery Support Services, Minnesota Alliance of Recovery Community Organizations</del> or <u>a another Minnesota statewide recovery organization identified by the commissioner is an eligible vendor of peer recovery support services. If the commissioner does not identify another statewide recovery organization, or the Minnesota Alliance of Recovery Community Organizations or the statewide recovery organization identified by the</u>	July 1, 2026, or upon federal approval, whichever is later.  August 1, 2025	HF 3 Chapter 9, Article 4, Section 31  HF 2115 Chapter 38, Article 4, Section 31

	<p>community organization. Eligible vendors under this paragraph must:</p> <p>(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;</p> <p>(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;</p> <p>(3) have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;</p> <p>(4) 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;</p> <p>(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that</p>	<p><u>commissioner is not reasonably positioned to certify vendors, the commissioner must determine the eligibility of a vendor of peer recovery support services.</u> A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification <del>or accreditation</del> on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:</p> <p>(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;</p> <p>(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;</p> <p>(3) have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;</p> <p>(4) 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;</p> <p>(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that</p>		
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	<p>promote the engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;</p> <p>(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building, and harm-reduction activities, and provide recovery public education and advocacy;</p> <p>(7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;</p> <p>(8) maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff training, service offerings, advocacy efforts, and culturally informed outreach and services;</p> <p>(9) use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma;</p> <p>(10) establish and maintain a publicly available recovery community organization code of ethics and grievance policy and procedures;</p> <p>(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor;</p> <p>(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025;</p> <p>(13) provide an orientation for recovery peers that includes an overview of the consumer advocacy</p>	<p>promote the engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;</p> <p>(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building, and harm-reduction activities, and provide recovery public education and advocacy;</p> <p>(7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;</p> <p>(8) maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff training, service offerings, advocacy efforts, and culturally informed outreach and services;</p> <p>(9) use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma;</p> <p>(10) establish and maintain a publicly available recovery community organization code of ethics and grievance policy and procedures;</p> <p>(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor;</p> <p>(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025;</p> <p>(13) provide an orientation for recovery peers that includes an overview of the consumer advocacy</p>		
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	<p>services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services; and</p> <p>(14) 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:</p> <p>(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;</p> <p>(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</p> <p>(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint.</p>	<p>services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services; <del>and</del></p> <p>(14) 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:</p> <p>(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;</p> <p>(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</p> <p>(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint-; <del>and</del></p> <p><u>(15) comply with the requirements of section 245A.04, subdivision 15a.</u></p>		
254B.05, Subd. 1, paragraph (f)	<p>(f) A recovery community organization that is aggrieved by an accreditation, certification, or membership determination and believes it meets the requirements under paragraph (d) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (14), for reconsideration as an eligible vendor. If the</p>	<p>(f) A recovery community organization that is aggrieved by <del>an accreditation, a</del> certification, <del>or membership</del> determination and believes it meets the requirements under paragraph (d) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (14), for reconsideration as an eligible</p>	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 31

	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.	vendor. If the human services judge determines that the recovery community organization meets the requirements under paragraph (d), the recovery community organization is an eligible vendor of peer recovery support services <u>for up to two years from the date of the determination. After two years, the recovery community organization must apply for certification under paragraph (d) to continue to be an eligible vendor of peer recovery support services.</u>		
254B.05, Subd. 1, paragraph (g)	(g) All recovery community organizations must be certified or accredited by an entity listed in paragraph (d) by June 30, 2025.	(g) All recovery community organizations must be certified <del>or accredited</del> by an entity listed in paragraph (d) by June 30, <del>2025</del> <u>2027</u> .	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 31
256B.0616, Subd. 4	Subd. 4. <b>Peer support specialist program providers.</b> The commissioner shall develop a process to certify family peer support specialist programs, in accordance with the federal guidelines, in order for the program to bill for reimbursable services. Family peer support programs must operate within an existing mental health community provider or center.	Subd. 4. <b>Family peer support specialist program providers.</b> The commissioner shall develop a process to certify family peer support <del>specialist</del> programs, in accordance with the federal guidelines, in order for the program to bill for reimbursable services. Family peer support programs must operate within an existing mental health community provider or center.		HF 2115 Chapter 38, Article 4, Section 35
256B.0616, Subd. 5	Subd. 5. <b>Certified family peer specialist training and certification.</b> The commissioner shall develop a training and certification process for certified family peer specialists. The candidates must have raised or be currently raising a child with a mental illness, have had experience navigating the children's mental health system, and must demonstrate leadership and advocacy skills and a strong dedication to family-driven and family-focused services. The training curriculum must teach participating family peer specialists specific skills relevant to providing peer support to other parents. In addition to initial training and	Subd. 5. <b>Certified family peer specialist training and certification.</b> (a) The commissioner shall develop <del>a</del> <u>or approve the use of an existing</u> training and certification process for <del>certified</del> <u>certifying</u> family peer specialists. <del>The Family peer specialist</del> candidates must have raised or be currently raising a child with a mental illness,; have <del>had</del> experience navigating the children's mental health system, and <del>must</del> demonstrate leadership and advocacy skills and a strong dedication to family-driven and family-focused services. The training curriculum must teach participating family peer <del>specialists</del>	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 36

	<p>certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to family peer support counseling.</p>	<p><u>specialist candidates</u> specific skills relevant to providing peer support to other parents <u>and youth</u>.</p> <p><u>(b) In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to family peer support counseling.</u></p> <p><u>(c) Initial training leading to certification as a family peer specialist and continuing education for certified family peer specialists must be delivered by the commissioner or a third-party organization approved by the commissioner. An approved third-party organization may also provide continuing education of certified family peer specialists.</u></p>		
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