

## Side-by-Side Legislative Changes 2025: Substance Use Disorder Services

Includes: Changes to substance use disorder (SUD) treatment services in Minnesota Statutes, chapters 245G, 254B, 245A, 245F, 254A, and section 144.651, subdivision 2, including comprehensive assessments, treatment service, client records, staff qualifications and opioid treatment programs.

Please note that there are multiple legislative changes in some sections. To help distinguish these, the changes are shown in different colored text:

- 245G.05, Subd. 1: HF 2115, Article 4, Section 21 changes are in green text and HF 2115, Article 5, Section 13 changes are in blue text.
- 245G.07, Subd. 2: HF 3 changes are in red text and HF 2115 changes are in purple text.
- 245G.22, Subd. 15: HF 3 changes are in red text and HF 2115 changes are in purple text.

The commissioner of human services shall notify the revisor of statutes when federal approval is obtained for sections which require approval.

Chapter Section Subd	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
245G.01, Subd. 13b	Subd. 13b. <b>Guest speaker.</b> "Guest speaker" means an individual who is not an alcohol and drug counselor qualified according to section 245G.11, subdivision 5; is not qualified according to the commissioner's list of professionals under section 245G.07, subdivision 3; and who works under the direct observation of an alcohol and drug counselor to present to clients on topics in which the guest speaker has expertise and that the license holder has determined to be beneficial to a client's recovery. Tribally licensed programs have autonomy to identify the qualifications of their guest speakers.	Subd. 13b. <b>Guest speaker.</b> (a) "Guest speaker" means an individual who is not an alcohol and drug counselor qualified according to section 245G.11, subdivision 5; is not qualified according to the commissioner's list of professionals under section 245G.07, subdivision 3; and who works under the direct observation of an alcohol and drug counselor to present to clients on topics in which the guest speaker has expertise and that the license holder has determined to be beneficial to a client's recovery. (b) Tribally licensed programs have autonomy to identify the qualifications of their guest speakers.	July 1, 2025	HF 3 Chapter 9, Article 4, Section 4
245G.01, Subd. 13d		<u>Subd. 13d. <b>Individual counseling.</b> "Individual counseling" means professionally led psychotherapeutic treatment for substance use disorders that is delivered in a one-to-one setting</u>	July 1, 2026, or upon federal approval,	HF 3 Chapter 9, Article 4, Section 5

		<u>or in a setting with the client and the client's family and other natural supports.</u>	whichever is later	
245G.01, Subd. 20d	Subd. 20d. Skilled treatment services. "Skilled treatment services" has the meaning provided in section 254B.01, subdivision 10.	Repealed	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 57
245G.01, Subd. 20f		<u>Subd. 20f. <b>Psychoeducation.</b> "Psychoeducation" means the services described in section 245G.07, subdivision 1a, clause (2).</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 6
245G.01, Subd. 20g		<u>Subd. 20g. <b>Psychosocial treatment services.</b> "Psychosocial treatment services" means the services described in section 245G.07, subdivision 1a.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 7
245G.01, Subd. 20h		<u>Subd. 20h. <b>Recovery support services.</b> "Recovery support services" means the services described in section 245G.07, subdivision 2a, paragraph (b), clause (1).</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 8

245G.01, Subd. 26a		Subd. 26a. <b>Treatment coordination.</b> "Treatment coordination" means the services described in <u>section 245G.07, subdivision 1b.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 9
245G.02, Subd. 2	Subd. 2. <b>Exemption from license requirement.</b> This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice. A license holder providing the initial set of substance use disorder services allowable under section 254A.03, subdivision 3, paragraph (c), to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse is exempt from sections 245G.05; 245G.06, subdivisions 1, 1a, and 4; 245G.07, subdivisions 1, paragraph (a), clauses (2) to (4), and 2, clauses (1) to (7); and 245G.17.	Subd. 2. <b>Exemption from license requirement.</b> This chapter does not apply to a county or recovery community organization that is providing a service for which the county or recovery community organization is an eligible vendor under section 254B.05. This chapter does not apply to an organization whose primary functions are information, referral, diagnosis, case management, and assessment for the purposes of client placement, education, support group services, or self-help programs. This chapter does not apply to the activities of a licensed professional in private practice. A license holder providing the initial set of substance use disorder services allowable under section 254A.03, subdivision 3, paragraph (c), to an individual referred to a licensed nonresidential substance use disorder treatment program after a positive screen for alcohol or substance misuse is exempt from sections 245G.05; 245G.06, subdivisions 1, 1a, and 4; 245G.07, <del>subdivisions 1, paragraph (a), clauses (2) to (4), and 2, clauses (1) to (7)</del> <u>subdivision 1a, clause (2); and 245G.17.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 10
245G.05, Subd. 1	Subdivision 1. <b>Comprehensive assessment.</b> A comprehensive assessment of the client's substance use disorder must be administered face-to-face by an alcohol and drug counselor within five calendar days from the day of service initiation for a residential program or by the end of the fifth	Subdivision 1. <b>Comprehensive assessment.</b> <u>(a)</u> A comprehensive assessment of the client's substance use disorder must be administered face-to-face <del>by an alcohol and drug counselor</del> within five calendar days from the day of service initiation for a residential program or by the end of the fifth	August 1, 2025	HF 2115 Chapter 38, <u>Article 4, Section 21 and Article 5,</u>

	<p>day on which a treatment service is provided in a nonresidential program. The number of days to complete the comprehensive assessment excludes the day of service initiation. If the comprehensive assessment is not completed within the required time frame, the person-centered reason for the delay and the planned completion date must be documented in the client's file. The comprehensive assessment is complete upon a qualified staff member's dated signature. If the client received a comprehensive assessment that authorized the treatment service, an alcohol and drug counselor may use the comprehensive assessment for requirements of this subdivision but must document a review of the comprehensive assessment and update the comprehensive assessment as clinically necessary to ensure compliance with this subdivision within applicable timelines. An alcohol and drug counselor must sign and date the comprehensive assessment review and update.</p>	<p>day on which a treatment service is provided in a nonresidential program. The number of days to complete the comprehensive assessment excludes the day of service initiation.</p> <p><u>(b) A comprehensive assessment must be administered by:</u></p> <p><u>(1) an alcohol and drug counselor;</u></p> <p><u>(2) a mental health professional who meets the qualifications under section 245I.04, subdivision 2, practices within the scope of their professional licensure, and has at least 12 hours of training in substance use disorder and treatment;</u></p> <p><u>(3) a clinical trainee who meets the qualifications under section 245I.04, subdivision 6, practicing under the supervision of a mental health professional who meets the requirements of clause (2); or</u></p> <p><u>(4) an advanced practice registered nurse as defined in section 148.171, subdivision 3, who practices within the scope of their professional licensure and has at least 12 hours of training in substance use disorder and treatment.</u></p> <p><u>(c)</u> If the comprehensive assessment is not completed within the required time frame, the person-centered reason for the delay and the planned completion date must be documented in the client's file. The comprehensive assessment is complete upon a qualified staff member's dated signature. If the client <u>previously</u> received a comprehensive assessment <del>that authorized the treatment service, an alcohol and drug counselor a</del> <u>staff member qualified under paragraph (b)</u> may use the comprehensive assessment for requirements of this subdivision but must document a review of the comprehensive assessment and update the comprehensive assessment as clinically necessary to ensure</p>	<p>Section 13</p>
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		compliance with this subdivision within applicable timelines. <u>An alcohol and drug counselor A staff member qualified under paragraph (b)</u> must sign and date the comprehensive assessment review and update.		
245G.06, Subd. 1	Subdivision 1. <b>General.</b> Each client must have a person-centered individual treatment plan developed by an alcohol and drug counselor within ten days from the day of service initiation for a residential program, by the end of the tenth day on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program, not to exceed 30 days. Opioid treatment programs must complete the individual treatment plan within 21 days from the day of service initiation. The number of days to complete the individual treatment plan excludes the day of service initiation. The individual treatment plan must be signed by the client and the alcohol and drug counselor and document the client's involvement in the development of the plan. The individual treatment plan is developed upon the qualified staff member's dated signature. Treatment planning must include ongoing assessment of client needs. An individual treatment plan must be updated based on new information gathered about the client's condition, the client's level of participation, and on whether methods identified have the intended effect. A change to the plan must be signed by the client and the alcohol and drug counselor. If the client chooses to have family or others involved in treatment services, the client's individual treatment plan must include how the family or others will be involved in the client's treatment. If a client is receiving treatment services or an	Subdivision 1. <b>General.</b> Each client must have a person-centered individual treatment plan developed by an alcohol and drug counselor within ten days from the day of service initiation for a residential program, by the end of the tenth day on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program, not to exceed 30 days. Opioid treatment programs must complete the individual treatment plan within <del>21</del> <u>14</u> days from the day of service initiation. The number of days to complete the individual treatment plan excludes the day of service initiation. The individual treatment plan must be signed by the client and the alcohol and drug counselor and document the client's involvement in the development of the plan. The individual treatment plan is developed upon the qualified staff member's dated signature. Treatment planning must include ongoing assessment of client needs. An individual treatment plan must be updated based on new information gathered about the client's condition, the client's level of participation, and on whether methods identified have the intended effect. A change to the plan must be signed by the client and the alcohol and drug counselor. If the client chooses to have family or others involved in treatment services, the client's individual treatment plan must include how the family or others will be involved in the client's treatment. If a client is receiving treatment services or an	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 14

	assessment via telehealth and the alcohol and drug counselor documents the reason the client's signature cannot be obtained, the alcohol and drug counselor may document the client's verbal approval or electronic written approval of the treatment plan or change to the treatment plan in lieu of the client's signature.	assessment via telehealth and the alcohol and drug counselor documents the reason the client's signature cannot be obtained, the alcohol and drug counselor may document the client's verbal approval or electronic written approval of the treatment plan or change to the treatment plan in lieu of the client's signature.		
245G.06, Subd. 2a	Subd. 2a. <b>Documentation of treatment services.</b> The license holder must ensure that the staff member who provides the treatment service documents in the client record the date, type, and amount of each treatment service provided to a client and the client's response to each treatment service within seven days of providing the treatment service.	Subd. 2a. <b>Documentation of treatment services.</b> The license holder must ensure that the staff member who provides the treatment service documents in the client record the date, type, and amount of each treatment service provided to a client and the client's response to each treatment service within seven days of providing the treatment service. <u>In addition to the other requirements of this subdivision, if a guest speaker presents information during a treatment service, the alcohol and drug counselor who provided the service and is responsible for the information presented by the guest speaker must document the name of the guest speaker, date of service, time the presentation began, time the presentation ended, and a summary of the topic presentation.</u>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 15
245G.06, Subd. 3a, paragraph (g)	(g) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential program with a treatment plan that clearly indicates less than five hours of skilled treatment services will be provided to the client each month, a treatment plan review must be completed once every 90 days. Treatment plan reviews must be completed more frequently when clinical needs warrant.	(g) The ten-week time frame in paragraph (f), <u>clause (1), may include a client's previous time at another opioid treatment program licensed in Minnesota under section 245G.22 if:</u> <u>(1) the client was enrolled in the other opioid treatment program immediately prior to admission to the license holder's program;</u> <u>(2) the client did not miss taking a daily dose of medication to treat an opioid use disorder; and</u> <u>(3) the license holder obtains from the previous opioid treatment program the client's number of days in comprehensive treatment, discharge</u>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 16

		<p><u>summary, amount of daily milligram dose of medication for opioid use disorder, and previous three drug abuse test results.</u></p> <p><del>(g)</del> (h) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential program with a treatment plan that clearly indicates less than five hours of skilled treatment services will be provided to the client each month, a treatment plan review must be completed once every 90 days. Treatment plan reviews must be completed more frequently when clinical needs warrant.</p>		
245G.07, Subd. 1, paragraph (a)	<p>(a) A licensed residential treatment program must offer the treatment services in clauses (1) to (5) to each client, unless clinically inappropriate and the justifying clinical rationale is documented. A nonresidential treatment program must offer all treatment services in clauses (1) to (5) and document in the individual treatment plan the specific services for which a client has an assessed need and the plan to provide the services:.</p> <p>(1) individual and group counseling to help the client identify and address needs related to substance use and develop strategies to avoid harmful substance use after discharge and to help the client obtain the services necessary to establish a lifestyle free of the harmful effects of substance use disorder;</p> <p>(2) client education strategies to avoid inappropriate substance use and health problems related to substance use and the necessary lifestyle changes to regain and maintain health. Client education must include information on tuberculosis education on a form approved by the commissioner, the human immunodeficiency virus</p>	<p>(a) A licensed <del>residential</del> treatment program must offer the treatment services in <del>clauses (1) to (5)</del> <u>subdivisions 1a and 1b</u> and may offer the treatment services in subdivision 2 to each client, unless clinically inappropriate and the justifying clinical rationale is documented. <del>A nonresidential</del> <u>The treatment program must offer all treatment services in clauses (1) to (5) and</u> document in the individual treatment plan the specific services for which a client has an assessed need and the plan to provide the services:.</p> <p><del>(1) individual and group counseling to help the client identify and address needs related to substance use and develop strategies to avoid harmful substance use after discharge and to help the client obtain the services necessary to establish a lifestyle free of the harmful effects of substance use disorder;</del></p> <p><del>(2) client education strategies to avoid inappropriate substance use and health problems related to substance use and the necessary lifestyle changes to regain and maintain health. Client education must include information on tuberculosis education on a form approved by the commissioner, the human immunodeficiency virus</del></p>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 11

	<p>according to section <a href="#">245A.19</a>, other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis;</p> <p>(3) a service to help the client integrate gains made during treatment into daily living and to reduce the client's reliance on a staff member for support;</p> <p>(4) a service to address issues related to co-occurring disorders, including client education on symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while recovering from substance use disorder. A group must address co-occurring disorders, as needed. When treatment for mental health problems is indicated, the treatment must be integrated into the client's individual treatment plan; and</p> <p>(5) treatment coordination provided one-to-one by an individual who meets the staff qualifications in section <a href="#">245G.11, subdivision 7</a>. Treatment coordination services include:</p> <p>(i) assistance in coordination with significant others to help in the treatment planning process whenever possible;</p> <p>(ii) assistance in coordination with and follow up for medical services as identified in the treatment plan;</p> <p>(iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan;</p> <p>(iv) facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan;</p> <p>(v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs;</p>	<p>according to section <a href="#">245A.19</a>, other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis;</p> <p><del>(3) a service to help the client integrate gains made during treatment into daily living and to reduce the client's reliance on a staff member for support;</del></p> <p><del>(4) a service to address issues related to co-occurring disorders, including client education on symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while recovering from substance use disorder. A group must address co-occurring disorders, as needed. When treatment for mental health problems is indicated, the treatment must be integrated into the client's individual treatment plan; and</del></p> <p><del>(5) treatment coordination provided one-to-one by an individual who meets the staff qualifications in section <a href="#">245G.11, subdivision 7</a>. Treatment coordination services include:</del></p> <p><del>(i) assistance in coordination with significant others to help in the treatment planning process whenever possible;</del></p> <p><del>(ii) assistance in coordination with and follow up for medical services as identified in the treatment plan;</del></p> <p><del>(iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan;</del></p> <p><del>(iv) facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan;</del></p> <p><del>(v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs;</del></p>		
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	(vi) life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed; and (vii) documentation of the provision of treatment coordination services in the client's file.	<del>(vi) life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed; and (vii) documentation of the provision of treatment coordination services in the client's file.</del>		
245G.07, Subd. 1, paragraph (c)		<u>(c) A supportive service alone does not constitute a treatment service. Supportive services include: (1) milieu management or supervising or monitoring clients without also providing a treatment service identified in subdivision 1a, 1b, or 2a; (2) transporting clients; (3) waiting with clients for appointments at social service agencies, court hearings, and similar activities; and (4) collecting urinalysis samples.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 11
245G.07, Subd. 1, paragraph (d)		<u>(d) A treatment service provided in a group setting must be provided in a cohesive manner and setting that allows every client receiving the service to interact and receive the same service at the same time.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 11
245G.07, Subd. 1a		<u>Subd. 1a. <b>Psychosocial treatment service.</b> Psychosocial treatment services must be provided according to the hours identified in section 254B.19 for the ASAM level of care provided to the client. A license holder must provide the following psychosocial treatment services as a part of the client's individual treatment:</u> <u>(1) counseling services that provide a client with professional assistance in managing substance use disorder and co-occurring conditions, either individually or in a group setting. Counseling must:</u> <u>(i) use evidence-based techniques to help a client modify behavior, overcome obstacles, and achieve</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 12

		<p><u>and sustain recovery through techniques such as active listening, guidance, discussion, feedback, and clarification;</u></p> <p><u>(ii) help the client to identify and address needs related to substance use, develop strategies to avoid harmful substance use, and establish a lifestyle free of the harmful effects of substance use disorder; and</u></p> <p><u>(iii) work to improve well-being and mental health, resolve or mitigate symptomatic behaviors, beliefs, compulsions, thoughts, and emotions, and enhance relationships and social skills, while addressing client-centered psychological and emotional needs; and</u></p> <p><u>(2) psychoeducation services to provide a client with information about substance use and co-occurring conditions, either individually or in a group setting. Psychoeducation includes structured presentations, interactive discussions, and practical exercises to help clients understand and manage their conditions effectively. Topics include but are not limited to:</u></p> <p><u>(i) the causes of substance use disorder and co-occurring disorders;</u></p> <p><u>(ii) behavioral techniques that help a client change behaviors, thoughts, and feelings;</u></p> <p><u>(iii) the importance of maintaining mental health, including understanding symptoms of mental illness;</u></p> <p><u>(iv) medications for addiction and psychiatric disorders and the importance of medication adherence;</u></p> <p><u>(v) the importance of maintaining physical health, health-related risk factors associated with substance use disorder, and specific health education on tuberculosis, HIV, other sexually</u></p>		
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		<u>transmitted diseases, drug and alcohol use during pregnancy, and hepatitis; and</u> <u>(vi) harm-reduction strategies.</u>		
245G.07, Subd. 1b	[From 245G.07, Subd. 1, paragraph (a), clause 5] (5) treatment coordination provided one-to-one by an individual who meets the staff qualifications in section 245G.11, subdivision 7. Treatment coordination services include: (i) assistance in coordination with significant others to help in the treatment planning process whenever possible; (ii) assistance in coordination with and follow up for medical services as identified in the treatment plan; (iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan; (iv) facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan; (v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs; (vi) life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed; and (vii) documentation of the provision of treatment coordination services in the client's file.	<u>Subd. 1b. <b>Treatment coordination.</b> (a) Treatment coordination must be provided to a single client by an individual who meets the staff qualifications in section 245G.11, subdivision 7. Treatment coordination services include:</u> <u>(1) coordinating directly with others involved in the client's treatment and recovery, including the referral source, family or natural supports, social services agencies, and external care providers;</u> <u>(2) providing clients with training and facilitating connections to community resources that support recovery;</u> <u>(3) assisting clients in obtaining necessary resources and services such as financial assistance, housing, food, clothing, medical care, education, harm reduction services, vocational support, and recreational services that promote recovery;</u> <u>(4) helping clients connect and engage with self-help support groups and expand social support networks with family, friends, and organizations; and</u> <u>(5) assisting clients in transitioning between levels of care, including providing direct connections to ensure continuity of care.</u> <u>(b) Treatment coordination does not include coordinating services or communicating with staff members within the licensed program.</u> <u>(c) Treatment coordination may be provided in a setting with the individual client and others involved in the client's treatment and recovery.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 13
245G.07, Subd. 2a		<u>Subd. 2a. <b>Ancillary treatment service.</b> (a) A license holder may provide ancillary services in addition to</u>	July 1, 2026, or	HF 3 Chapter 9,

		<p><u>the hours of psychosocial treatment services identified in section 254B.19 for the ASAM level of care provided to the client.</u></p> <p><u>(b) A license holder may provide the following ancillary treatment services as a part of the client's individual treatment:</u></p> <p><u>(1) recovery support services provided individually or in a group setting, that include: (i) supporting clients in restoring daily living skills, such as health and health care navigation and self-care to enhance personal well-being; (ii) providing resources and assistance to help clients restore life skills, including effective parenting, financial management, pro-social behavior, education, employment, and nutrition; (iii) assisting clients in restoring daily functioning and routines affected by substance use and supporting them in developing skills for successful community integration; and (iv) helping clients respond to or avoid triggers that threaten their community stability, assisting the client in identifying potential crises and developing a plan to address them, and providing support to restore the client's stability and functioning; and</u></p> <p><u>(2) peer recovery support services provided according to sections 254B.05, subdivision 5, and 254B.052.</u></p>	upon federal approval, whichever is later	Article 4, Section 14
245G.07, Subd. 2	<p>Subd. 2. <b>Additional treatment service.</b> A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan:</p> <p>(1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use</p>	<p><b>Repealed</b> [to be replaced by 245G.07, Subd. 2a]</p> <p>Subd. 2. <b>Additional treatment service.</b> A license holder may provide or arrange the following additional treatment service as a part of the client's individual treatment plan:</p> <p>(1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's</p>	<p>July 1, 2026, or upon federal approval, whichever is later</p> <p>August 1, 2025</p>	<p>HF 3 Chapter 9, Article 4, Section 57</p> <p>HF 2115 Chapter 38, Article 5, Section 17</p>

	<p>disorder; (2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals; (3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being; (4) living skills development to help the client learn basic skills necessary for independent living; (5) employment or educational services to help the client become financially independent; (6) socialization skills development to help the client live and interact with others in a positive and productive manner; (7) room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills; and (8) peer recovery support services must be provided by a recovery peer qualified according to section 245I.04, subdivision 18. Peer recovery support services must be provided according to sections 254B.05, subdivision 5, and 254B.052.</p>	<p>support structure identify and change behaviors that contribute to the client's substance use disorder; (2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals; (3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being; (4) living skills development to help the client learn basic skills necessary for independent living; (5) employment or educational services to help the client become financially independent; (6) socialization skills development to help the client live and interact with others in a positive and productive manner; (7) room, board, and supervision at the treatment site to provide the client with a safe and appropriate environment to gain and practice new skills; and (8) peer recovery support services must be provided <u>one-to-one and face-to-face</u>, by a recovery peer <del>qualified</del> according to section 245I.04, subdivision 18. Peer recovery support services must be provided according to sections 254B.05, subdivision 5, and 254B.052, <u>and may be provided through telehealth according to section 256B.0625, subdivision 3b.</u></p>		
245G.07, Subd. 3	<p>Subd. 3. <b>Counselors.</b> All treatment services, except peer recovery support services and treatment coordination, must be provided by an alcohol and drug counselor qualified according to section 245G.11, subdivision 5, unless the individual providing the service is specifically qualified according to the accepted credential required to</p>	<p>Subd. 3. <del><b>Counselors.</b></del> <b>Treatment service providers.</b> (a) All treatment services, <del>except peer recovery support services and treatment coordination,</del> must be provided by an alcohol and drug counselor qualified according to section 245G.11, subdivision 5, <del>unless the individual providing the service is</del> specifically qualified according to the accepted</p>	<p>July 1, 2026, or upon federal approval, whichever is later</p>	<p>HF 3 Chapter 9, Article 4, Section 15</p>

	provide the service. The commissioner shall maintain a current list of professionals qualified to provide treatment services.	<p>credential required to provide the service. <del>The commissioner shall maintain a current list of professionals qualified to provide treatment services.</del></p> <p><u>(b) Psychosocial treatment services must be provided by an alcohol and drug counselor qualified according to section 245G.11, subdivision 5, unless the individual providing the service is specifically qualified according to the accepted credential required to provide the service. The commissioner shall maintain a current list of professionals qualified to provide psychosocial treatment services.</u></p> <p><u>(c) Treatment coordination must be provided by a treatment coordinator qualified according to section 245G.11, subdivision 7.</u></p> <p><u>(d) Recovery support services must be provided by a behavioral health practitioner qualified according to section 245G.11, subdivision 12.</u></p> <p><u>(e) Peer recovery support services must be provided by a recovery peer qualified according to section 245I.04, subdivision 18.</u></p>		
245G.07, Subd. 4, paragraph (c), clause (1)	(1) the license holder must maintain a licensed physical location in Minnesota where the license holder must offer all treatment services in subdivision 1, paragraph (a), clauses (1) to (4), physically in-person to each client;	(1) the license holder must maintain a licensed physical location in Minnesota where the license holder must offer all treatment services in subdivision <del>1, paragraph (a), clauses (1) to (4),</del> <u>1a</u> physically in-person to each client;	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 16
245G.07, Subd. 4, paragraph (d)	(d) The license holder may provide the additional treatment services under subdivision 2, clauses (2) to (6) and (8), away from the licensed location at a suitable location appropriate to the treatment service.	(d) The license holder may provide the <del>additional</del> ancillary treatment services under subdivision <del>2, clauses (2) to (6) and (8),</del> <u>2a</u> away from the licensed location at a suitable location appropriate to the treatment service.	July 1, 2026, or upon federal approval,	HF 3 Chapter 9, Article 4, Section 16

			whichever is later	
245G.08, Subd. 6, clause (2)	(2) a system which accounts for all scheduled drugs each shift;	(2) a <u>documentation system which that</u> accounts for all <del>scheduled drugs each shift</del> <u>schedule II to V drugs listed in section 152.02, subdivisions 3 to 6;</u>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 18
245G.09, Subd. 3	<p>Subd. 3. <b>Contents.</b> Client records must contain the following:</p> <p>(1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.04, subdivision 3;</p> <p>(2) an initial services plan completed according to section 245G.04;</p> <p>(3) a comprehensive assessment completed according to section 245G.05;</p> <p>(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;</p> <p>(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;</p>	<p>Subd. 3. <b>Contents.</b> <u>(a)</u> Client records must contain the following:</p> <p>(1) documentation that the client was given:</p> <p><u>(i) information on client rights and responsibilities, and grievance procedures, on the day of service initiation;</u></p> <p><u>(ii) information on tuberculosis, and HIV, and that the client was provided within 72 hours of service initiation;</u></p> <p><u>(iii) an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided, within 24 hours of admission or, for clients who would benefit from a later orientation, 72 hours; and</u></p> <p><u>(iv) opioid educational information material</u> according to section 245G.04, subdivision 3, <u>on the day of service initiation;</u></p> <p>(2) an initial services plan completed according to section 245G.04;</p> <p>(3) a comprehensive assessment completed according to section 245G.05;</p> <p>(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;</p> <p>(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;</p>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 19

	(6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and (7) a summary at the time of service termination according to section 245G.06, subdivision 4.	(6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and (7) a summary at the time of service termination according to section 245G.06, subdivision 4. <u>(b) For a client that transfers to another of the license holder's licensed treatment locations, the license holder is not required to complete new documents or orientation for the client, except that the client must receive an orientation to the new location's grievance procedure, program abuse prevention plan, and maltreatment of minor and vulnerable adults reporting procedures.</u>		
245G.11, Subd. 6	Subd. 6. <b>Paraprofessionals.</b> A paraprofessional must have knowledge of client rights, according to section 148F.165, and staff member responsibilities. A paraprofessional may not admit, transfer, or discharge a client but may be responsible for the delivery of treatment service according to section 245G.10, subdivision 3.	Subd. 6. <b>Paraprofessionals.</b> A paraprofessional must have knowledge of client rights, according to section 148F.165, and staff member responsibilities. A paraprofessional may not <u>make decisions to</u> admit, transfer, or discharge a client but may <u>perform tasks related to intake and orientation</u> . <u>A paraprofessional may be the responsible for the delivery of treatment service staff member</u> according to section 245G.10, subdivision 3. <u>A paraprofessional must not provide a treatment service unless qualified to do so according to section 245G.07, subdivision 3.</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 17
245G.11, Subd. 7	Subd. 7. <b>Treatment coordination provider qualifications.</b> (a) Treatment coordination must be provided by qualified staff. An individual is qualified to provide treatment coordination if the individual meets the qualifications of an alcohol and drug counselor under subdivision 5 or if the individual:	Subd. 7. <b>Treatment coordination provider qualifications.</b> (a) Treatment coordination must be provided by qualified staff. An individual is qualified to provide treatment coordination if the individual meets the qualifications of an alcohol and drug counselor under subdivision 5 or if the individual:	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 22



	<p>(1) is skilled in the process of identifying and assessing a wide range of client needs;</p> <p>(2) is knowledgeable about local community resources and how to use those resources for the benefit of the client;</p> <p>(3) has successfully completed 30 hours of classroom instruction on treatment coordination for an individual with substance use disorder;</p> <p>(4) has either:</p> <p>(i) a bachelor's degree in one of the behavioral sciences or related fields; or</p> <p>(ii) current certification as an alcohol and drug counselor, level I, by the Upper Midwest Indian Council on Addictive Disorders; and</p> <p>(5) has at least 2,000 hours of supervised experience working with individuals with substance use disorder.</p> <p>(b) A treatment coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor, or a mental health professional who has substance use treatment and assessments within the scope of</p>	<p>(1) is skilled in the process of identifying and assessing a wide range of client needs;</p> <p>(2) is knowledgeable about local community resources and how to use those resources for the benefit of the client;</p> <p>(3) has successfully completed <del>30</del> <u>15</u> hours of <u>classroom instruction on treatment education or training on substance use disorder, co-occurring conditions, and care coordination for an individual individuals with substance use disorder or co-occurring conditions that is consistent with national evidence-based standards;</u></p> <p>(4) <del>has either</del> <u>meets one of the following criteria:</u></p> <p>(i) <u>has a</u> bachelor's degree in one of the behavioral sciences or related fields; <del>or</del></p> <p>(ii) <del>current certification as an alcohol and drug counselor, level I, by the Upper Midwest 164.3 Indian Council on Addictive Disorders; and</del> <u>has a high school diploma or equivalent; or</u></p> <p>(iii) <u>is a mental health practitioner who meets the qualifications under section 245I.04, subdivision 4; and</u></p> <p>(5) <u>either has at least 1,000 hours of supervised experience working with individuals with substance use disorder or co-occurring conditions, or receives treatment supervision at least once per week until obtaining 1,000 hours of supervised experience working with individuals with substance use disorder or co-occurring conditions.</u></p> <p><del>(5) has at least 2,000 hours of supervised experience working with individuals with substance use disorder.</del></p> <p>(b) <del>A treatment coordinator must receive at least one hour of supervision regarding individual service delivery from an alcohol and drug counselor, or a mental health professional who has substance use treatment and assessments within the scope of</del></p>		
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	<p>their practice, on a monthly basis.</p>	<p><del>their practice, on a monthly basis.</del> <u>A treatment coordinator must receive the following levels of supervision from an alcohol and drug counselor or a mental health professional whose scope of practice includes substance use disorder treatment and assessments:</u></p> <p><u>(1) for a treatment coordinator that has not obtained 1,000 hours of supervised experience under paragraph (a), clause (5), at least one hour of supervision per week; or</u></p> <p><u>(2) for a treatment coordinator that has obtained at least 1,000 hours of supervised experience under paragraph (a), clause (5), at least one hour of supervision per month.</u></p>		
<p>245G.11, Subd. 11</p>	<p>Subd. 11. <b>Individuals with temporary permit.</b> An individual with a temporary permit from the Board of Behavioral Health and Therapy may provide substance use disorder treatment service according to this subdivision if they meet the requirements of either paragraph (a) or (b).</p> <p>(a) An individual with a temporary permit must be supervised by a licensed alcohol and drug counselor assigned by the license holder. The supervising licensed alcohol and drug counselor must document the amount and type of supervision provided at least on a weekly basis. The supervision must relate to the clinical practice.</p> <p>(b) An individual with a temporary permit must be supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of section 148F.04, subdivision 4.</p>	<p>Subd. 11. <b>Individuals with temporary permit.</b> An individual with a temporary permit from the Board of Behavioral Health and Therapy may provide substance use disorder treatment <del>service</del> <u>services and complete comprehensive assessments, individual treatment plans, treatment plan reviews, and service discharge summaries</u> according to this subdivision if they meet the requirements of either paragraph (a) or (b).</p> <p>(a) An individual with a temporary permit must be supervised by a licensed alcohol and drug counselor assigned by the license holder. The supervising licensed alcohol and drug counselor must document the amount and type of supervision provided at least on a weekly basis. The supervision must relate to the clinical practice.</p> <p>(b) An individual with a temporary permit must be supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of section 148F.04, subdivision 4.</p>	<p>August 1, 2025</p>	<p>HF 2115 Chapter 38, Article 5, Section 20</p>

245G.11, Subd. 12		<p><b>Subd. 12. Behavioral health practitioners.</b> (a) <u>A behavioral health practitioner must meet the qualifications in section 245I.04, subdivision 4.</u></p> <p>(b) <u>A behavioral health practitioner working within a substance use disorder treatment program licensed under this chapter has the following scope of practice: (1) a behavioral health practitioner may provide clients with recovery support services, as defined in section 245G.07, subdivision 2a, paragraph (b), clause (1); and (2) a behavioral health practitioner must not provide treatment supervision to other staff persons.</u></p> <p>(c) <u>A behavioral health practitioner working within a substance use disorder treatment program licensed under this chapter must receive at least one hour of supervision per month on individual service delivery from an alcohol and drug counselor or a mental health professional who has substance use treatment and assessments within the scope of their practice.</u></p>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 18
245G.18, Subd. 2	<p><b>Subd. 2. Alcohol and drug counselor qualifications.</b> In addition to the requirements specified in section 245G.11, subdivisions 1 and 5, an alcohol and drug counselor providing treatment service to an adolescent must have:</p> <p>(1) an additional 30 hours of classroom instruction or one three-credit semester college course in adolescent development. This training need only be completed one time; and</p> <p>(2) at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.</p>	<p><b>Subd. 2. Alcohol and drug counselor qualifications.</b> In addition to the requirements specified in section 245G.11, subdivisions 1 and 5, an alcohol and drug counselor providing treatment service to an adolescent must have:</p> <p><del>(1)</del> an additional 30 hours of <u>training or</u> classroom instruction or one three-credit semester college course in adolescent development. <del>This</del> <u>The training, classroom instruction, or college course must be completed no later than six months after the counselor first provides treatment services to adolescents and need only be completed one time; and.</u> The training must be interactive and must not consist only of reading information. An alcohol and drug counselor who is also qualified as a mental health professional under section 245I.04,</p>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 21

		<p>subdivision 2, is exempt from the requirement in this subdivision.</p> <p><del>(2) at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.</del></p>		
245G.19, Subd. 4	<p>Subd. 4. <b>Additional licensing requirements.</b> During the times the license holder is responsible for the supervision of a child, the license holder must meet the following standards:</p> <p>(1) child and adult ratios in Minnesota Rules, part 9502.0367;  (2) day care training in section 142B.70;  (3) behavior guidance in Minnesota Rules, part 9502.0395;  (4) activities and equipment in Minnesota Rules, part 9502.0415;  (5) physical environment in Minnesota Rules, part 9502.0425;  (6) physical space requirements in section 142B.72; and  (7) water, food, and nutrition in Minnesota Rules, part 9502.0445, unless the license holder has a license from the Department of Health.</p>	<p>Subd. 4. <b>Additional licensing requirements.</b> During the times the license holder is responsible for the supervision of a child, <u>except for license holders described in subdivision 5</u>, the license holder must meet the following standards:</p> <p>(1) child and adult ratios in Minnesota Rules, part 9502.0367;  (2) day care training in section 142B.70;  (3) behavior guidance in Minnesota Rules, part 9502.0395;  (4) activities and equipment in Minnesota Rules, part 9502.0415;  (5) physical environment in Minnesota Rules, part 9502.0425;  (6) physical space requirements in section 142B.72; and  (7) water, food, and nutrition in Minnesota Rules, part 9502.0445, unless the license holder has a license from the Department of Health.</p>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 22
245G.19, Subd. 5		<p><u>Subd. 5. <b>Child care license exemption.</b> (a) License holders that only provide supervision of children for less than three hours a day while the child's parent is in the same building or contiguous building as allowed by the exclusion from licensure in section 245A.03, subdivision 2, paragraph (a), clause (6), are exempt from the requirements of subdivision 4 if the requirements of this subdivision are met.</u></p> <p><u>(b) During the times the license holder is responsible for the supervision of the child, there</u></p>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 23

		<p><u>must always be a staff member present who is responsible for supervising the child who is trained in cardiopulmonary resuscitation (CPR) and first aid. This staff person must be able to immediately contact the child's parent at all times.</u></p>		
245G.22, Subd. 1	<p>Subdivision 1. <b>Additional requirements.</b> (a) An opioid treatment program licensed under this chapter must also: (1) comply with the requirements of this section and Code of Federal Regulations, title 42, part 8; (2) be registered as a narcotic treatment program with the Drug Enforcement Administration; (3) be accredited through an accreditation body approved by the Division of Pharmacologic Therapy of the Center for Substance Abuse Treatment; (4) be certified through the Division of Pharmacologic Therapy of the Center for Substance Abuse Treatment; and (5) hold a license from the Minnesota Board of Pharmacy or equivalent agency.</p> <p>(b) Where a standard in this section differs from a standard in an otherwise applicable administrative rule or statute, the standard of this section applies.</p>	<p>Subdivision 1. <b>Additional requirements.</b> (a) An opioid treatment program licensed under this chapter must also: (1) comply with the requirements of this section and Code of Federal Regulations, title 42, part 8; (2) be registered as a narcotic treatment program with the Drug Enforcement Administration; (3) be accredited through an accreditation body approved by the Division of Pharmacologic Therapy of the Center for Substance Abuse Treatment; (4) be certified through the Division of Pharmacologic Therapy of the Center for Substance Abuse Treatment; and (5) hold a license from the Minnesota Board of Pharmacy or <del>equivalent agency</del> <u>meet the requirements for dispensing by a practitioner in section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954.</u></p> <p><u>(b) A license holder operating under the dispensing by practitioner requirements in section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954, must maintain documentation that the practitioner responsible for complying with the above statute and rules has signed a statement attesting that they are the practitioner responsible for complying with the applicable statutes and rules. If more than one person is responsible for compliance, all practitioners must sign a statement.</u></p> <p><del>(b)</del> (c) Where a standard in this section differs from a standard in an otherwise applicable administrative rule or statute, the standard of this section applies.</p>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 24

245G.22, Subd. 11	Subd. 11. <b>Waiting list.</b> An opioid treatment program must have a waiting list system. If the person seeking admission cannot be admitted within 14 days of the date of application, each person seeking admission must be placed on the waiting list, unless the person seeking admission is assessed by the program and found ineligible for admission according to this chapter and Code of Federal Regulations, title 42, part 1, subchapter A, section 8.12 (e), and title 45, parts 160 to 164. The waiting list must assign a unique client identifier for each person seeking treatment while awaiting admission. A person seeking admission on a waiting list who receives no services under section 245G.07, subdivision 1, must not be considered a client as defined in section 245G.01, subdivision 9.	Subd. 11. <b>Waiting list.</b> An opioid treatment program must have a waiting list system. If the person seeking admission cannot be admitted within 14 days of the date of application, each person seeking admission must be placed on the waiting list, unless the person seeking admission is assessed by the program and found ineligible for admission according to this chapter and Code of Federal Regulations, title 42, part 1, subchapter A, section 8.12 (e), and title 45, parts 160 to 164. The waiting list must assign a unique client identifier for each person seeking treatment while awaiting admission. A person seeking admission on a waiting list who receives no services under section 245G.07, subdivision <del>1</del> <u>1a or 1b</u> , must not be considered a client as defined in section 245G.01, subdivision 9.	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 19
245G.22, Subd. 14	Subd. 14. <b>Central registry.</b> (a) A license holder must comply with requirements to submit information and necessary consents to the state central registry for each client admitted, as specified by the commissioner. The license holder must submit data concerning medication used for the treatment of opioid use disorder. The data must be submitted in a method determined by the commissioner and the original information must be kept in the client's record. The information must be submitted for each client at admission and discharge. The program must document the date the information was submitted. The client's failure to provide the information shall prohibit participation in an opioid treatment program. The information submitted must include the client's: (1) full name and all aliases; (2) date of admission; (3) date of birth;	Subd. 14. <b>Central registry.</b> <del>(a)</del> A license holder must comply with requirements to submit information and necessary consents to the state central registry for each client admitted, as specified by the commissioner. The license holder must submit data concerning medication used for the treatment of opioid use disorder. The data must be submitted in a method determined by the commissioner and the original information must be kept in the client's record. The information must be submitted for each client at admission and discharge. The program must document the date the information was submitted. The client's failure to provide the information shall prohibit participation in an opioid treatment program. The information submitted must include the client's: (1) full name and all aliases; (2) date of admission; (3) date of birth;	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 25

	<p>(4) Social Security number or Alien Registration Number, if any; and</p> <p>(5) current or previous enrollment status in another opioid treatment program;</p> <p>(6) government-issued photo identification card number; and</p> <p>(7) driver's license number, if any.</p> <p>(b) The requirements in paragraph (a) are effective upon the commissioner's implementation of changes to the drug and alcohol abuse normative evaluation system or development of an electronic system by which to submit the data.</p>	<p>(4) Social Security number or Alien Registration Number, if any; and</p> <p>(5) current or previous enrollment status in another opioid treatment program;</p> <p><del>(6) government-issued photo identification card number; and</del></p> <p><del>(7) driver's license number, if any.</del></p> <p><del>(b) The requirements in paragraph (a) are effective upon the commissioner's implementation of changes to the drug and alcohol abuse normative evaluation system or development of an electronic system by which to submit the data.</del></p>		
245G.22, Subd. 15	<p>Subd. 15. <b>Nonmedication treatment services; documentation.</b> (a) The program must offer at least 50 consecutive minutes of individual or group therapy treatment services as defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first ten weeks following the day of service initiation, and at least 50 consecutive minutes per month thereafter. As clinically appropriate, the program may offer these services cumulatively and not consecutively in increments of no less than 15 minutes over the required time period, and for a total of 60 minutes of treatment services over the time period, and must document the reason for providing services cumulatively in the client's record. The program may offer additional levels of service when deemed clinically necessary.</p>	<p>Subd. 15. <b>Nonmedication treatment services; documentation.</b> (a) The program must offer at least <del>50 consecutive minutes</del> <u>four 15-minute units</u> of individual or group therapy treatment services as defined in section 245G.07, subdivision <del>1,</del> <u>paragraph (a) 1a</u>, clause (1), per week, for the first ten weeks following the day of service initiation, and at least <del>50 consecutive minutes</del> <u>four 15-minute units</u> per month thereafter. <del>As clinically appropriate, the program may offer these services cumulatively and not consecutively in increments of no less than 15 minutes over the required time period, and for a total of 60 minutes of treatment services over the time period, and must document the reason for providing services cumulatively in the client's record.</del> The program may offer additional levels of service when deemed clinically necessary.</p> <p><u>(b) The ten-week time frame may include a client's previous time at another opioid treatment program licensed in Minnesota under this section if:</u></p> <p><u>(1) the client was enrolled in the other opioid treatment program immediately prior to admission to the license holder's program;</u></p>	<p>July 1, 2026, or upon federal approval, whichever is later</p> <p>August 1, 2025</p>	<p>HF 3 Chapter 9, Article 4, Section 20</p> <p>HF 2115 Chapter 38, Article 5, Section 26</p>

	(b) Notwithstanding the requirements of comprehensive assessments in section 245G.05, the assessment must be completed within 21 days from the day of service initiation.	<p><u>(2) the client did not miss taking a daily dose of medication to treat an opioid use disorder; and</u></p> <p><u>(3) the license holder obtains from the previous opioid treatment program the client's number of days in comprehensive maintenance treatment, discharge summary, amount of daily milligram dose of medication for opioid use disorder, and previous three drug abuse test results.</u></p> <p><del>(b)</del> <del>(c)</del> Notwithstanding the requirements of comprehensive assessments in section 245G.05, the assessment must be completed within 21 days from the day of service initiation.</p>		
254B.01, Subd. 10	Subd. 10. Skilled treatment services. "Skilled treatment services" includes the treatment services described in section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4), and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified professionals as identified in section 245G.07, subdivision 3.	Subd. 10. <b><u>Skilled-Psychosocial treatment services.</u></b> " <del>Skilled-Psychosocial</del> treatment services" includes the treatment services described in section 245G.07, <del>subdivisions 1, paragraph (a), clauses (1) to (4), and 2, clauses (1) to (6).</del> <u>Skilled-subdivision 1a. Psychosocial</u> treatment services must be provided by qualified professionals as identified in section 245G.07, subdivision 3, <u>paragraph (b).</u>	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 22
254B.19, Subd. 1	Subdivision 1. <b>Level of care requirements.</b> (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).	Subdivision 1. <b>Level of care requirements.</b> (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).	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 37



	<p>(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 coordination may be provided beyond the hourly skilled treatment service hours allowable per week.</p> <p>(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.</p> <p>(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.</p>	<p>(2) For ASAM level 1.0 outpatient clients, adults must receive up to eight hours per week of <del>skilled</del> <u>psychosocial</u> 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. <del>Peer recovery</del> <u>Ancillary services</u> and treatment coordination may be provided beyond the hourly <del>skilled</del> <u>psychosocial</u> treatment service hours allowable per week.</p> <p>(3) For ASAM level 2.1 intensive outpatient clients, adults must receive nine to 19 hours per week of <del>skilled</del> <u>psychosocial</u> 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. <del>Peer recovery</del> <u>Ancillary</u> services and treatment coordination may be provided beyond the hourly <del>skilled</del> <u>psychosocial</u> 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.</p> <p>(4) For ASAM level 2.5 partial hospitalization clients, adults must receive 20 hours or more of <del>skilled</del> <u>psychosocial</u> treatment services. Services must be licensed according to section 245G.20 <del>and must meet requirements under section 256B.0759.</del> 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.</p>		
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	<p>(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.</p> <p>(6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily skilled treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.</p> <p>(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.</p> <p>(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.</p>	<p>(5) For ASAM level 3.1 clinically managed low-intensity residential clients, programs must provide at least 5 hours of <del>skilled</del> <u>psychosocial</u> 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.</p> <p>(6) For ASAM level 3.3 clinically managed population-specific high-intensity residential clients, programs must be licensed according to section 245G.20 and must meet requirements under section 256B.0759. Programs must have 24-hour staffing coverage. Programs must be enrolled as a disability responsive program as described in section 254B.01, subdivision 4b, and must specialize in serving persons with a traumatic brain injury or a cognitive impairment so significant, and the resulting level of impairment so great, that outpatient or other levels of residential care would not be feasible or effective. Programs must provide, at a minimum, daily <del>skilled</del> <u>psychosocial</u> treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.</p> <p>(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 <del>skilled</del> <u>psychosocial</u> treatment services seven days a week according to each client's specific treatment schedule, as directed by the individual treatment plan.</p> <p>(8) For ASAM level withdrawal management 3.2 clinically managed clients, withdrawal management must be provided according to chapter 245F.</p>		
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	<p>(9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.</p> <p>(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.</p>	<p>(9) For ASAM level withdrawal management 3.7 medically monitored clients, withdrawal management must be provided according to chapter 245F.</p> <p>(b) Notwithstanding the minimum daily <del>skilled</del> <u>psychosocial</u> 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.</p>		
144.651, Subd. 2	<p>Subd. 2. <b>Definitions.</b> For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615. "Patient" also means a minor who is admitted to a residential program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and</p>	<p>Subd. 2. <b>Definitions.</b> For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615. "Patient" also means a <del>minor person</del> <u>person who is admitted to a residential substance use disorder treatment program licensed according to Minnesota Rules, parts 2960.0430 to 2960.0490.</u> For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment <u>or substance use disorder treatment</u> on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because</p>	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 4

	lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and <del>which</del> that operates a rehabilitation program licensed under chapter 245G or 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.	of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and <del>which</del> that operates a <u>rehabilitation withdrawal management program licensed under chapter 245F, a residential substance use disorder treatment program licensed under chapter 245G or, an intensive residential treatment services or residential crisis stabilization program licensed under chapter 245I, or a detoxification program licensed under Minnesota Rules, parts 9530.6510 to 9530.6590.</u>		
245A.242, Subd. 2, paragraph (a)	(a) A license holder must maintain a supply of opiate antagonists as defined in section 604A.04, subdivision 1, available for emergency treatment of opioid overdose and must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of opiate antagonists on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.	(a) A license holder must maintain a supply of opiate antagonists as defined in section 604A.04, subdivision 1, available for emergency treatment of opioid overdose and must have a written standing order protocol by a physician who is licensed under chapter 147, advanced practice registered nurse who is licensed under chapter 148, or physician assistant who is licensed under chapter 147A, that permits the license holder to maintain a supply of opiate antagonists on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both, <u>before the staff has direct contact, as defined in section 245C.02, subdivision 11, with a person served by the program.</u>	August 1, 2025	HF 2115 Chapter 38, Article 5, Section 8

245F.06, Subd. 2, paragraph (b)	(b) If available to the program, a patient's previous comprehensive assessment may be used in the patient record. If a previously completed comprehensive assessment is used, its contents must be reviewed to ensure the assessment is accurate and current and complies with the requirements of this chapter. The review must be completed by a staff person qualified according to section 245G.11, subdivision 5. The license holder must document that the review was completed and that the previously completed assessment is accurate and current, or the license holder must complete an updated or new assessment.	(b) If available to the program, a patient's previous comprehensive assessment may be used in the patient record. If a previously completed comprehensive assessment is used, its contents must be reviewed to ensure the assessment is accurate and current and complies with the requirements of this chapter. The review must be completed by a staff person qualified according to section <del>245G.11, subdivision 5</del> <u>245G.05, subdivision 1</u> . The license holder must document that the review was completed and that the previously completed assessment is accurate and current, or the license holder must complete an updated or new assessment.	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 20
245F.08, Subd. 3	Subd. 3. <b>Peer recovery support services.</b> Peer recovery support services must meet the requirements in section 245G.07, subdivision 2, clause (8), and must be provided by a person who is qualified according to the requirements in section 245F.15, subdivision 7.	Subd. 3. <b>Peer recovery support services.</b> Peer recovery support services must meet the requirements in section 245G.07, subdivision <del>2</del> <u>2a</u> , <del>paragraph (b)</del> , clause <del>(8)</del> <u>(2)</u> , and must be provided by a person who is qualified according to the requirements in section 245F.15, subdivision 7.	July 1, 2026, or upon federal approval, whichever is later	HF 3 Chapter 9, Article 4, Section 3
254A.19, Subd. 6	Subd. 6. <b>Assessments for detoxification programs.</b> For detoxification programs licensed under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a "chemical use assessment" is a comprehensive assessment completed according to the requirements of section 245G.05 and a "chemical dependency assessor" or "assessor" is an individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.	Subd. 6. <b>Assessments for detoxification programs.</b> For detoxification programs licensed under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a "chemical use assessment" is a comprehensive assessment completed according to the requirements of section 245G.05 and a <del>"chemical dependency assessor" or "assessor" is an individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.</del>	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 29
254A.19, Subd. 7	Subd. 7. <b>Assessments for children's residential facilities.</b> For children's residential facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to 2960.0220	Subd. 7. <b>Assessments for children's residential facilities.</b> For children's residential facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to 2960.0220	August 1, 2025	HF 2115 Chapter 38, Article 4, Section 30

	and 2960.0430 to 2960.0490, a "chemical use assessment" is a comprehensive assessment completed according to the requirements of section 245G.05 and must be completed by an individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.	and 2960.0430 to 2960.0490, a "chemical use assessment" is a comprehensive assessment completed according to the requirements of section 245G.05 and must be completed by an individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.		
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