

Direct Access: Side-by-Side Legislative Change 2023

Includes: Removes Obsolete Rule 25 language (9530.660 to 9530.6655), Access to Treatment through Comprehensive Assessment, Removes Placing Authority Language, etc., Grants, and Studies, etc.

Chapter Section Subd.	Previous Statute Language	Updated Statute Language	Effective Date	Chapter/ Article/ Section
62N.25 Subd. 5	Benefits. Community integrated service networks must offer the health maintenance organization benefit set, as defined in chapter 62D, and other laws applicable to entities regulated under chapter 62D. Community networks and chemical dependency facilities under contract with a community network shall use the assessment criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, when assessing enrollees for chemical dependency treatment.	Benefits. Community integrated service networks must offer the health maintenance organization benefit set, as defined in chapter 62D, and other laws applicable to entities regulated under chapter 62D. Community networks and chemical dependency facilities under contract with a community network shall use the assessment criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, <u>section 245G.05</u> when assessing enrollees for chemical dependency treatment.	<u>8/1/2023</u>	H.F.No. 1403 50/2/1
62Q.1055	All health plan companies shall use the assessment criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, when assessing and placing enrollees for chemical dependency treatment.	All health plan companies shall use the assessment criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, <u>section 245G.05</u> when assessing and placing <u>treating</u> enrollees for chemical dependency treatment.	<u>8/1/2023</u>	H.F.No. 1403 50/2/2
62Q.47 (b)	Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for outpatient medical services.	Cost-sharing requirements and benefit or service limitations for outpatient mental health and outpatient chemical dependency and alcoholism services, except for persons placed in <u>seeking</u> chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655 <u>section 245G.05</u> , must not place a greater financial burden on the insured or enrollee, or be more restrictive	<u>8/1/2023</u>	H.F.No. 1403 50/2/3

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		than those requirements and limitations for outpatient medical services.		
62Q.47 (c)	Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655, must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.	Cost-sharing requirements and benefit or service limitations for inpatient hospital mental health and inpatient hospital and residential chemical dependency and alcoholism services, except for persons placed in <u>seeking</u> chemical dependency services under Minnesota Rules, parts 9530.6600 to 9530.6655 <u>section 245G.05</u> , must not place a greater financial burden on the insured or enrollee, or be more restrictive than those requirements and limitations for inpatient hospital medical services.		
169A.70 Subd. 3 (b) (3)	a recommended level of care for the offender in accordance with the criteria contained in rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (substance use disorder treatment rules);	a recommended level of care for the offender in accordance with the criteria contained in rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (substance use disorder treatment rules) <u>section 254B.19, subdivision 1;</u>	8/1/2023	H.F.No. 1403 50/2/4
169A.70S ubd. 4	Assessor standards; rules; assessment time limits. A chemical use assessment required by this section must be conducted by an assessor appointed by the court. The assessor must meet the training and qualification requirements of rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (substance use disorder treatment rules). Notwithstanding section 13.82 (law enforcement data), the assessor shall have access to any police reports, laboratory test results, and other law enforcement data relating to the current offense or previous offenses that are necessary to complete the evaluation. An assessor providing an assessment under this section may not have any direct or shared financial	Assessor standards; rules; assessment time limits. A chemical use assessment required by this section must be conducted by an assessor appointed by the court. The assessor must meet the training and qualification requirements of rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (substance use disorder treatment rules) <u>section 245G.11, subdivisions 1 and 5.</u> Notwithstanding section 13.82 (law enforcement data), the assessor shall have access to any police reports, laboratory test results, and other law enforcement data relating to the current offense or previous offenses that are necessary to complete the evaluation. An assessor providing an assessment under this	8/1/2023	H.F.No. 1403 50/2/5

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	<p>interest or referral relationship resulting in shared financial gain with a treatment provider, except as authorized under section 254A.19, subdivision 3. If an independent assessor is not available, the court may use the services of an assessor authorized to perform assessments for the county social services agency under a variance granted under rules adopted by the commissioner of human services under section 254A.03, subdivision 3. An appointment for the defendant to undergo the assessment must be made by the court, a court services probation officer, or the court administrator as soon as possible but in no case more than one week after the defendant's court appearance. The assessment must be completed no later than three weeks after the defendant's court appearance. If the assessment is not performed within this time limit, the county where the defendant is to be sentenced shall perform the assessment. The county of financial responsibility must be determined under chapter 256G</p>	<p>section may not have any direct or shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, except as authorized under section 254A.19, subdivision 3. If an independent assessor is not available, the court may use the services of an assessor authorized to perform assessments for the county social services agency under a variance granted under rules adopted by the commissioner of human services under section 254A.03, subdivision 3. An appointment for the defendant to undergo the assessment must be made by the court, a court services probation officer, or the court administrator as soon as possible but in no case more than one week after the defendant's court appearance. The assessment must be completed no later than three weeks after the defendant's court appearance. If the assessment is not performed within this time limit, the county where the defendant is to be sentenced shall perform the assessment. The county of financial responsibility must be determined under chapter 256G.</p>		
169A.70 Subd. 6 (a)	<p>Method of assessment. (a) As used in this subdivision, "collateral contact" means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the offender, to verify or supplement information provided by the offender during an assessment under this section. The term includes contacts with family members and criminal justice agencies.</p>	REPEALED	8/1/2023	H.F.No. 1403 50 Repealed
169A.70 Subd. 6 (b)	<p>(b) An assessment conducted under this section must include at least one personal interview with the offender designed to make a determination</p>	REPEALED		

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	about the extent of the offender's past and present chemical and alcohol use or abuse. It must also include collateral contacts and a review of relevant records or reports regarding the offender including, but not limited to, police reports, arrest reports, driving records, chemical testing records, and test refusal records. If the offender has a probation officer, the officer must be the subject of a collateral contact under this subdivision. If an assessor is unable to make collateral contacts, the assessor shall specify why collateral contacts were not made.			
245A.02 Subd. 8a	Placing authority. "Placing authority" means a county, prepaid health plan, or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.	REPEALED		
245A.043 Subd. 3(b)	The party must submit a license application under this chapter on the form and in the manner prescribed by the commissioner at least 30 days before the change in ownership is complete, and must include documentation to support the upcoming change. The party must comply with background study requirements under chapter 245C and shall pay the application fee required under section 245A.10. A party that intends to assume operation without an interruption in service longer than 60 days after acquiring the program or service is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and 254B.03, subdivision 2, paragraphs (d) and (e)	The party must submit a license application under this chapter on the form and in the manner prescribed by the commissioner at least 30 days before the change in ownership is complete, and must include documentation to support the upcoming change. The party must comply with background study requirements under chapter 245C and shall pay the application fee required under section 245A.10. A party that intends to assume operation without an interruption in service longer than 60 days after acquiring the program or service is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and 254B.03, subdivision 2, paragraphs <u>(c) and (d) and (e)</u> .	<u>8/1/2023</u>	H.F.No. 1403 50/2/6
<u>245A.245</u> Subd. 1		<u>Applicability.</u> A license holder of a children's residential facility substance use disorder treatment program license issued under this	<u>8/1/2023</u>	S.F.No. 2995 70/6/33

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		<u>chapter and Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0430 to 2960.0490, must comply with this section.</u>		
<u>245A.245 Subd. 2. (a)</u>		Former students. (a) <u>"Alcohol and drug counselor" means an individual qualified according to Minnesota Rules, part 2960.0460, subpart 5.</u>		
<u>245A.245 Subd. 2. (b)</u>		(b) <u>"Former student" means an individual that meets the requirements in section 148F.11, subdivision 2a, to practice as a former student.</u>		
<u>245A.245 Subd. 2. (c)</u>		(c) <u>An alcohol and drug counselor must supervise and be responsible for a treatment service performed by a former student and must review and sign each assessment, individual treatment plan, progress note, and treatment plan review prepared by a former student.</u>		
<u>245A.245 Subd. 2. (d)</u>		(d) <u>A former student must receive the orientation and training required for permanent staff members.</u>		
253B.10 Subd.1 (b)	The commissioner shall prioritize patients being admitted from jail or a correctional institution who are:	(b) The commissioner shall prioritize patients being admitted from jail or a correctional institution who are:	8/1/2023	S.F.No. 2934 61/4/7
253B.10 Subd.1 (b) (1)	ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, <u>rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;</u>	(1) ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, <u>rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;</u>		
253B.10 Subd.1 (b) (2)	under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;	(2) under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;		
253B.10 Subd.1 (b) (3)	found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are	(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment		

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	ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or	or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or		
253B.10 Subd.1 (b) (4)	committed under this chapter to the commissioner after dismissal of the patient's criminal charges.	(4) committed under this chapter to the commissioner after dismissal of the patient's criminal charges.		
253B.10 Subd.1 (b)	Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d).	Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d).		
<u>253B.10 Subd.1 (e)</u>		<u>(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Medical Director, under section 246.018, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.</u>		
254A.03S ubd. 3(a)	Rules for substance use disorder care. (a) The commissioner of human services shall establish by rule criteria to be used in determining the appropriate level of substance use disorder care for each recipient of public assistance seeking treatment for substance misuse or substance use disorder. Upon federal approval of a comprehensive assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, an eligible vendor of comprehensive assessments under section 254B.05 may determine and approve the appropriate level of substance use disorder treatment for a recipient of public assistance. The process for determining an individual's financial eligibility for the behavioral health fund or	Rules for substance use disorder care. (a) The commissioner of human services shall establish by rule criteria to be used in determining the appropriate level of substance use disorder care for each recipient of public assistance seeking treatment for substance misuse or substance use disorder. Upon federal approval of a comprehensive assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of comprehensive assessments under section 254B.05 may determine and approve the appropriate level of substance use disorder treatment for a recipient of public assistance. The process for determining an individual's financial eligibility for the behavioral health fund or	<u>8/1/2023</u>	H.F.No. 1403 50/2/22

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	determining an individual's enrollment in or eligibility for a publicly subsidized health plan is not affected by the individual's choice to access a comprehensive assessment for placement.	determining an individual's enrollment in or eligibility for a publicly subsidized health plan is not affected by the individual's choice to access a comprehensive assessment for placement.		
254A.03S ubd. 3(c)	If a screen result is positive for alcohol or substance misuse, a brief screening for alcohol or substance use disorder that is provided to a recipient of public assistance within a primary care clinic, hospital, or other medical setting or school setting establishes medical necessity and approval for an initial set of substance use disorder services identified in section 254B.05, subdivision 5. The initial set of services approved for a recipient whose screen result is positive may include any combination of up to four hours of individual or group substance use disorder treatment, two hours of substance use disorder treatment coordination, or two hours of substance use disorder peer support services provided by a qualified individual according to chapter 245G. A recipient must obtain an assessment pursuant to paragraph (a) to be approved for additional treatment services. Minnesota Rules, parts 9530.6600 to 9530.6655, and a comprehensive assessment pursuant to section 245G.05 are not applicable to the initial set of services allowed under this subdivision. A positive screen result establishes eligibility for the initial set of services allowed under this subdivision.	(c) If a screen result is positive for alcohol or substance misuse, a brief screening for alcohol or substance use disorder that is provided to a recipient of public assistance within a primary care clinic, hospital, or other medical setting or school setting establishes medical necessity and approval for an initial set of substance use disorder services identified in section 254B.05, subdivision 5. The initial set of services approved for a recipient whose screen result is positive may include any combination of up to four hours of individual or group substance use disorder treatment, two hours of substance use disorder treatment coordination, or two hours of substance use disorder peer support services provided by a qualified individual according to chapter 245G. A recipient must obtain an assessment pursuant to paragraph (a) to be approved for additional treatment services. Minnesota Rules, parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05 are not applicable <u>is not required to receive</u> the initial set of services allowed under this subdivision. A positive screen result establishes eligibility for the initial set of services allowed under this subdivision.		
254A.03S ubd. 3(d)	Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, an individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining	(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining		

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	a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations. This paragraph expires July 1, 2022.	a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3, paragraph (d). If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations. This paragraph expires July 1, 2022.		
254A.03S ubd. 3(d)		<u>(d) An individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3. If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.</u>		
245A.16 Subd. 6	Monitoring. The commissioner shall gather and placing authorities shall provide information to measure compliance with Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner shall specify the format for data collection to facilitate tracking, aggregating, and using the information.	REPEALED	8/1/2023	H.F.No. 1403 50 Repealed
254A.19 Subd.1	Persons arrested outside of home county. When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is arrested and taken into custody by a peace officer outside of the person's county of residence, the assessment must be completed by the person's county of residence no later than three weeks after the assessment is initially requested. If the assessment is not	Persons arrested outside of home county. When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is arrested and taken into custody by a peace officer outside of the person's county of residence, the assessment must be completed by the person's county of residence no later than three weeks after the assessment is initially requested. If the assessment is not	8/1/2023	H.F.No. 1403 50/2/23

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	performed within this time limit, the county where the person is to be sentenced shall perform the assessment. The county of financial responsibility is determined under chapter 256G.	performed within this time limit, the county where the person is to be sentenced shall perform the assessment <u>county where the person is detained must give access to an assessor qualified under section 254A.19, subdivision 3.</u> The county of financial responsibility is determined under chapter 256G.		
254A.19 Subd. 1a	Emergency room patients. A county may enter into a contract with a hospital to provide chemical use assessments under Minnesota Rules, parts 9530.6600 to 9530.6655, for patients admitted to an emergency room or inpatient hospital when:	REPEALED	<u>8/1/2023</u>	H.F.No. 1403 50 Repealed
254A.19 Subd. 1a	(1) an assessor is not available; and	REPEALED		
254A.19 Subd. 1a	(2) detoxification services in the county are at full capacity.	REPEALED		
254A.19 Subd. 2	Probation officer as contact. When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is on probation or under other correctional supervision, the assessor, either orally or in writing, shall contact the person's probation officer to verify or supplement the information provided by the person.	REPEALED		
254A.19 Subd. 3 (a)	Financial conflicts of interest. (a) Except as provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared financial interest or referral relationship resulting in shared financial gain with a treatment provider.	Financial conflicts of interest. Comprehensive assessments. (a) Except as provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared financial interest or referral relationship resulting in shared financial gain with a treatment provider.	<u>8/1/2023</u>	H.F.No. 1403 50/2/24

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254A.19 Subd. 3 (b)	A county may contract with an assessor having a conflict described in paragraph (a) if the county documents that:	(b) A county may contract with an assessor having a conflict described in paragraph (a) if the county documents that:		
254A.19 Subd. 3 (b)(1)	the assessor is employed by a culturally specific service provider or a service provider with a program designed to treat individuals of a specific age, sex, or sexual preference;	(1) the assessor is employed by a culturally specific service provider or a service provider with a program designed to treat individuals of a specific age, sex, or sexual preference;		
254A.19 Subd. 3 (b)(2)	the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct or shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider; or	(2) the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct or shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider; or		
254A.19 Subd. 3 (b)(3)	the county social service agency has an existing relationship with an assessor or service provider and elects to enter into a contract with that assessor to provide both assessment and treatment under circumstances specified in the county's contract, provided the county retains responsibility for making placement decisions.	(3) the county social service agency has an existing relationship with an assessor or service provider and elects to enter into a contract with that assessor to provide both assessment and treatment under circumstances specified in the county's contract, provided the county retains responsibility for making placement decisions.		
254A.19 Subd. 3 (c)	The county may contract with a hospital to conduct chemical assessments if the requirements in subdivision 1a are met. An assessor under this paragraph may not place clients in treatment. The assessor shall gather required information and provide it to the county along with any required documentation. The county shall make all placement decisions for clients assessed by assessors under this paragraph.	(c) The county may contract with a hospital to conduct chemical assessments if the requirements in subdivision 1a are met.		
254A.19 Subd. 3 (c)	An assessor under this paragraph may not place clients in treatment. The assessor shall gather required information and provide it to the county along with any required documentation. The	An assessor under this paragraph may not place clients in treatment. The assessor shall gather required information and provide it to the county along with any required documentation. The		

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	county shall make all placement decisions for clients assessed by assessors under this paragraph.	county shall make all placement decisions for clients assessed by assessors under this paragraph.		
254A.19 Subd. 3 (d)	An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall approve the nature, intensity level, and duration of treatment service if a need for services is indicated, but the individual assessed can access any enrolled provider that is licensed to provide the level of service authorized, including the provider or program that completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.	(d) An eligible vendor under section 254B.05 conducting a comprehensive assessment for an individual seeking treatment shall approve the nature, intensity level, and duration of treatment service if a need for services is indicated, but the individual assessed can access any enrolled provider that is licensed to provide the level of service authorized, including the provider or program that completed the assessment. If an individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.		
254A.19 Subd. 4	Civil commitments. A Rule 25 assessment, under Minnesota Rules, part 9530.6615, does not need to be completed for an individual being committed as a chemically dependent person, as defined in section 253B.02, and for the duration of a civil commitment under section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral health fund under section 254B.04. The county must determine if the individual meets the financial eligibility requirements for the behavioral health fund under section 254B.04. Nothing in this subdivision prohibits placement in a treatment facility or treatment program governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.	Civil commitments. A Rule 25 assessment, under Minnesota Rules, part 9530.6615, For the purposes of determining level of care, a comprehensive assessment does not need to be completed for an individual being committed as a chemically dependent person, as defined in section 253B.02, and for the duration of a civil commitment under section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral health fund under section 254B.04. The county must determine if the individual meets the financial eligibility requirements for the behavioral health fund under section 254B.04. Nothing in this subdivision prohibits placement in a treatment facility or treatment program governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.	8/1/2023	H.F.No. 1403 50/2/25
254A.19 Subd. 5	Assessment via telehealth. Notwithstanding Minnesota Rules, part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted	REPEALED	8/1/2023	H.F.No. 1403 50 Repealed

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	via telehealth as defined in section 256B.0625, subdivision 3b.			
254A.19 Subd. 6		Assessments for detoxification programs. For <u>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.</u>	8/1/2023	H.F.No. 1403 50/2/26
254A.19 Subd. 7		Assessments for children's residential facilities. For children's residential facilities <u>licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to 2960.0220 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.</u>	8/1/2023	H.F.No. 1403 50/2/27
256.045 Subd. 15		State Agency Hearings. <u>(15) a recovery community organization seeking medical assistance vendor eligibility under section 254B.01, subdivision 8, that is aggrieved by a membership or accreditation determination and that believes the organization meets the requirements under section 254B.05, subdivision 1, paragraph (d), clauses (1) to (10). The scope of the review by the human services judge shall be limited to whether the organization meets each of the requirements under section</u>	8/1/2023	H.F.No. 1403 50/3/7

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		<u>254B.05, subdivision 1, paragraph (d), clauses (1) to (10).</u>		
256.478 Subd. 1 (a)	Purpose. (a) The commissioner shall establish the transition to community initiative to award grants to serve individuals for whom supports and services not covered by medical assistance would allow them to:	Purpose and establishment. (a) The commissioner shall establish the transition to community initiative to award grants to serve individuals <u>who are not eligible for medical assistance or for whom goods, supports, and services not covered by medical assistance would allow them to:</u>	<u>7/1/2023</u>	S.F.No. 2995 70/9/26
256.478 Subd. 1 (a) (1)	(1) live in the least restrictive setting and as independently as possible;	(1) live in the least restrictive setting and as independently as possible;		
<u>256.478 Subd. 1 (a) (2)</u>		<u>(2) access services that support short- and long-term needs for developmental growth or individualized treatment needs;</u>		
256.478 Subd. 1 (a) (2)	(2) build or maintain relationships with family and friends; and	(2) (3) build or maintain relationships with family and friends; and		
256.478 Subd. 1 (a) (3)	(3) participate in community life.	(3) (4) participate in community life.		
256.478 Subd. 1 (b)	(b) Grantees must ensure that individuals are engaged in a process that involves person-centered planning and informed choice decision-making. The informed choice decision-making process must provide accessible written information and be experiential whenever possible.	(b) Grantees must ensure that individuals are engaged in a process that involves person-centered planning and informed choice decision-making. The informed choice decision-making process must provide accessible written information and be experiential whenever possible, <u>and must engage family members, legal guardians, or natural supports, as appropriate and whenever possible.</u>		
256.478 Subd. 2	Eligibility. An individual is eligible for the transition to community initiative if the individual does not meet eligibility criteria for the medical assistance	Eligibility. An individual is eligible for the transition to community initiative if the individual does not meet eligibility criteria for the medical assistance program under section 256B.056 or 256B.057, but	<u>7/1/2023</u>	S.F.No. 2995 70/9/27

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	program under section 256B.056 or 256B.057, but who meets at least one of the following criteria:	who can demonstrate that current services are not capable of meeting individual treatment and service needs that can be met in the community with support, and the individual meets at least one of the following criteria:		
256.478 Subd. 2 (1)	(1) the person otherwise meets the criteria under section <u>256B.092, subdivision 13</u> , or <u>256B.49, subdivision 24</u> ;	(1) the person otherwise meets the criteria under section <u>256B.092, subdivision 13</u> , or <u>256B.49, subdivision 24</u> ;		
256.478 Subd. 2 (2)	(2) the person has met treatment objectives and no longer requires a hospital-level care or a secure treatment setting, but the person's discharge from the Anoka Metro Regional Treatment Center, the Minnesota Security Hospital, or a community behavioral health hospital would be substantially delayed without additional resources available through the transitions to community initiative;	(2) the person has met treatment objectives and no longer requires a hospital-level care, <u>residential-level care</u> , or a secure treatment setting, but the person's discharge from the Anoka Metro Regional Treatment Center, the Minnesota Security Hospital - <u>Forensic Mental Health Program, the Child and Adolescent Behavioral Health Hospital program, a psychiatric residential treatment facility under section 256B.0941, intensive residential treatment services under section 256B.0622, children's residential services under section 245.4882, juvenile detention facility, county supervised building, or a community behavioral health</u> hospital would be substantially delayed without additional resources available through the transitions to community initiative;		
256.478 Subd. 2 (3)	(3) the person is in a community hospital, but alternative community living options would be appropriate for the person, and the person has received approval from the commissioner; or	(3) the person is in a community hospital, but alternative community living options would be appropriate for the person, and the person has received approval from the commissioner; or		
256.478 Subd. 2 (4)	(4)(i) the person is receiving customized living services reimbursed under section 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or community residential services reimbursed under section 256B.4914; (ii) the person expresses a desire to move; and (iii) the	(4)(i) (3) the person (i) is receiving customized living services reimbursed under section <u>256B.4914</u> , 24-hour customized living services reimbursed under section <u>256B.4914</u> , or community residential services reimbursed under section <u>256B.4914</u> ; (ii) the person expresses a		

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	person has received approval from the commissioner.	desire to move; and (iii) the person has received approval from the commissioner.; <u>or</u>		
256.478 Subd. 2 (4)		(4) <u>the person can demonstrate that the person's needs are beyond the scope of current service designs and grant funding can support the inclusion of additional supports for the person to access appropriate treatment and services in the least restrictive environment.</u>		
256B.0615 Subd. 1	Scope. Medical assistance covers mental health certified peer specialist services, as established in subdivision 2, subject to federal approval, if provided to recipients who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and are provided by a mental health certified peer specialist who has completed the training under subdivision 5 and is qualified according to section 245I.04, subdivision 10.	Scope. Medical assistance covers mental health certified peer specialist services, as established in subdivision 2, subject to federal approval , if provided to recipients who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and are provided by a mental health certified peer specialist who has completed the training under subdivision 5 and is qualified according to section 245I.04, subdivision 10.	8/1/2023	H.F.No. 1403 50/3/8
256B.0615 Subd. 5	Certified peer specialist training and certification. The commissioner of human services shall develop a training and certification process for certified peer specialists. The candidates must have had a primary diagnosis of mental illness, be a current or former consumer of mental health services, and must demonstrate leadership and advocacy skills and a strong dedication to recovery. The training curriculum must teach participating consumers specific skills relevant to providing peer support to other consumers. In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to peer support counseling.	Certified peer specialist training and certification. The commissioner of human services shall develop a training and certification process for certified peer specialists. The candidates must have had a primary diagnosis of mental illness, be a current or former consumer of mental health services, and must demonstrate leadership and advocacy skills and a strong dedication to recovery. The training curriculum must teach participating consumers specific skills relevant to providing peer support to other consumers. In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to peer support <u>counseling. A certified peer specialist is qualified as a mental health certified peer specialist, as defined in section 245I.04.</u>	8/1/2023	H.F.No. 1403 50/3/9

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256B.0759 subd. 2 (a)	Provider Participation: Outpatient substance use disorder treatment providers may elect to participate in the demonstration project and meet the requirements of subdivision 3. To participate, a provider must notify the commissioner of the provider's intent to participate in a format required by the commissioner and enroll as a demonstration project provider.	Provider participation. Outpatient Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment providers may elect to participate in the demonstration project and meet the requirements of subdivision 3. To participate, a provider must notify the commissioner of the provider's intent to participate in a format required by the commissioner and enroll as a demonstration project provider. <u>Outpatient Programs licensed by the Department of Human Services as nonresidential substance use disorder treatment providers may elect to participate in the demonstration project and meet the requirements of subdivision 3. To participate, a provider must notify the commissioner of the provider's intent to participate in a format required by the commissioner and enroll as a demonstration project provider.</u> <u>Programs that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/16
<u>256B.0759 Subd. 2 (c)</u>		<u>Programs licensed by the Department of Human Services as residential treatment programs according to section 245G.21 that receive payment under this chapter and are licensed as a hospital under sections 144.50 to 144.581 must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2025.</u>		
256B.0759 Subd. 2 (c)	Programs licensed by the Department of Human Services as withdrawal management programs according to chapter 245F that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.	(e) (d) Programs licensed by the Department of Human Services as withdrawal management programs according to chapter 245F that receive payment under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.		
256B.0759	Out-of-state residential substance use disorder treatment programs that receive payment under	(d) (e) Out-of-state residential substance use disorder treatment programs that receive payment		

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Subd. 2 (d)	this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.	under this chapter must enroll as demonstration project providers and meet the requirements of subdivision 3 by January 1, 2024. Programs that do not meet the requirements of this paragraph are ineligible for payment for services provided under section 256B.0625.		
256B.0759 Subd. 2 (e)	Tribally licensed programs may elect to participate in the demonstration project and meet the requirements of subdivision 3. The Department of Human Services must consult with Tribal nations to discuss participation in the substance use disorder demonstration project.	(e) (f) Tribally licensed programs may elect to participate in the demonstration project and meet the requirements of subdivision 3. The Department of Human Services must consult with Tribal nations to discuss participation in the substance use disorder demonstration project.		
256B.0759 Subd. 2 (f)	The commissioner shall allow providers enrolled in the demonstration project before July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for all services provided on or after the date of enrollment, except that the commissioner shall allow a provider to receive applicable rate enhancements authorized under subdivision 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after January 1, 2021, to managed care enrollees, if the provider meets all of the following requirements:	(f) (g) The commissioner shall allow providers enrolled in the demonstration project before July 1, 2021, to receive applicable rate enhancements authorized under subdivision 4 for all services provided on or after the date of enrollment, except that the commissioner shall allow a provider to receive applicable rate enhancements authorized under subdivision 4 for services provided on or after July 22, 2020, to fee-for-service enrollees, and on or after January 1, 2021, to managed care enrollees, if the provider meets all of the following requirements:		
256B.0759 Subd. 2 (f) (1)	the provider attests that during the time period for which the provider is seeking the rate enhancement, the provider took meaningful steps in their plan approved by the commissioner to meet the demonstration project requirements in subdivision 3; and	(1) the provider attests that during the time period for which the provider is seeking the rate enhancement, the provider took meaningful steps in their plan approved by the commissioner to meet the demonstration project requirements in subdivision 3; and		
256B.0759 Subd. 2 (f) (2)	the provider submits attestation and evidence, including all information requested by the commissioner, of meeting the requirements of	(2) the provider submits attestation and evidence, including all information requested by the commissioner, of meeting the requirements of		

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	subdivision 3 to the commissioner in a format required by the commissioner.	subdivision 3 to the commissioner in a format required by the commissioner.		
256B.0759 Subd. 2 (g)	The commissioner may recoup any rate enhancements paid under paragraph (f) to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.	(g) (h) The commissioner may recoup any rate enhancements paid under paragraph (f) (g) to a provider that does not meet the requirements of subdivision 3 by July 1, 2021.		
256D.09 Subd. 2a (4)	the person has received treatment, including domiciliary care, for drug abuse or dependency at least twice in the past 12 months.	the person has received treatment, including domiciliary care, for drug abuse or dependency at least twice in the past 12 months.	8/1/2023	H.F.No. 1403 50/2/54
256D.09 Subd. 2a (4)	The assessment and determination of drug dependency, if any, must be made by an assessor qualified under Minnesota Rules, part 9530.6615, subpart 2, to perform an assessment of chemical use. The county shall only provide emergency general assistance or vendor payments to an otherwise eligible applicant or recipient who is determined to be drug dependent, except up to 15 percent of the grant amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision 1, the commissioner of human services shall also require county agencies to provide assistance only in the form of vendor payments to all eligible recipients who assert substance use disorder as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a), clauses (1) and (5).	The assessment and determination of drug dependency, if any, must be made by an assessor qualified under Minnesota Rules, part 9530.6615, subpart 2 section 245G.11, subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only provide emergency general assistance or vendor payments to an otherwise eligible applicant or recipient who is determined to be drug dependent, except up to 15 percent of the grant amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision 1, the commissioner of human services shall also require county agencies to provide assistance only in the form of vendor payments to all eligible recipients who assert substance use disorder as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a), clauses (1) and (5).		
256D.09 Subd. 2a (4)	The determination of drug dependency shall be reviewed at least every 12 months. If the county determines a recipient is no longer drug dependent, the county may cease vendor payments and provide the recipient payments in cash.	The determination of drug dependency shall be reviewed at least every 12 months. If the county determines a recipient is no longer drug dependent, the county may cease vendor payments and provide the recipient payments in cash.		
256L.03 Subd. 2	Substance use disorder. Beginning July 1, 1993, covered health services shall include individual	Substance use disorder. Beginning July 1, 1993, covered health services shall include individual	8/1/2023	H.F.No. 1403

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	outpatient treatment of substance use disorder by a qualified health professional or outpatient program.	outpatient treatment of substance use disorder by a qualified health professional or outpatient program.		50/2/55
256L.03 Subd. 2	Persons who may need substance use disorder services under the provisions of this chapter shall be assessed by a local agency as defined under section 254B.01, and under the assessment provisions of section 254A.03, subdivision 3. A local agency or managed care plan under contract with the Department of Human Services must place a person in need of substance use disorder services as provided in Minnesota Rules, parts 9530.6600 to 9530.6655. Persons who are recipients of medical benefits under the provisions of this chapter and who are financially eligible for behavioral health fund services provided under the provisions of chapter 254B shall receive substance use disorder treatment services under the provisions of chapter 254B only if:	Persons who may need substance use disorder services under the provisions of this chapter shall be assessed by a local agency as defined under section 254B.01 <u>must be assessed by a qualified professional as defined in section 245G.11, subdivisions 1 and 5,</u> and under the assessment provisions of section 254A.03, subdivision 3. A local agency or managed care plan under contract with the Department of Human Services must place <u>offer services to</u> a person in need of substance use disorder services as provided in Minnesota Rules, parts 9530.6600 to 9530.6655 <u>based on the recommendations of section 245G.05.</u> Persons who are recipients of medical benefits under the provisions of this chapter and who are financially eligible for behavioral health fund services provided under the provisions of chapter 254B shall receive substance use disorder treatment services under the provisions of chapter 254B only if:		
256L.03 Subd. 2 (1)	(1) they have exhausted the substance use disorder benefits offered under this chapter; or	(1) they have exhausted the substance use disorder benefits offered under this chapter; or		
256L.03 Subd. 2 (2)	(2) an assessment indicates that they need a level of care not provided under the provisions of this chapter.	(2) an assessment indicates that they need a level of care not provided under the provisions of this chapter.		
256L.03 Subd. 2	Recipients of covered health services under the children's health plan, as provided in Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292, article 4, section 17, and recipients of covered health services enrolled	Recipients of covered health services under the children's health plan, as provided in Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292, article 4, section 17, and recipients of covered health services enrolled		

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	in the children's health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992, chapter 549, article 4, sections 5 and 17, are eligible to receive substance use disorder benefits under this subdivision.	in the children's health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992, chapter 549, article 4, sections 5 and 17, are eligible to receive substance use disorder benefits under this subdivision.		
256L.12 Subd. 8	Substance use disorder assessments. The managed care plan shall be responsible for assessing the need and placement for substance use disorder services according to criteria set forth in Minnesota Rules, parts 9530.6600 to 9530.6655.	Substance use disorder assessments. The managed care plan shall be responsible for assessing the need and placement for <u>provision of</u> substance use disorder services according to criteria set forth in Minnesota Rules, parts 9530.6600 to 9530.6655 <u>section 245G.05.</u>	8/1/2023	H.F.No. 1403 50/2/56
260B.157 Subd. 1	Investigation. Upon request of the court the local social services agency or probation officer shall investigate the personal and family history and environment of any minor coming within the jurisdiction of the court under section 260B.101 and shall report its findings to the court. The court may order any minor coming within its jurisdiction to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the court.	Investigation. Upon request of the court the local social services agency or probation officer shall investigate the personal and family history and environment of any minor coming within the jurisdiction of the court under section 260B.101 and shall report its findings to the court. The court may order any minor coming within its jurisdiction to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the court.	8/1/2023	H.F.No. 1403 50/2/57
260B.157 Subd. 1	The court shall order a chemical use assessment conducted when a child is (1) found to be delinquent for violating a provision of chapter 152, or for committing a felony-level violation of a provision of chapter 609 if the probation officer determines that alcohol or drug use was a contributing factor in the commission of the offense, or (2) alleged to be delinquent for violating a provision of chapter 152, if the child is being held in custody under a detention order. The assessor's qualifications and the assessment criteria shall comply with Minnesota Rules, parts 9530.6600 to 9530.6655. If funds under	The court shall order a chemical use assessment conducted when a child is (1) found to be delinquent for violating a provision of chapter 152, or for committing a felony-level violation of a provision of chapter 609 if the probation officer determines that alcohol or drug use was a contributing factor in the commission of the offense, or (2) alleged to be delinquent for violating a provision of chapter 152, if the child is being held in custody under a detention order. The assessor's qualifications <u>must comply with section 245G.11, subdivisions 1 and 5,</u> and the assessment criteria shall <u>must</u> comply with Minnesota Rules,		H.F.No. 1403 50/2/57

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	chapter 254B are to be used to pay for the recommended treatment, the assessment and placement must comply with all provisions of Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030. The commissioner of human services shall reimburse the court for the cost of the chemical use assessment, up to a maximum of \$100.	parts 9530.6600 to 9530.6655 <u>section 245G.05</u> . If funds under chapter 254B are to be used to pay for the recommended treatment, the assessment and placement must comply with all provisions of Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030 <u>sections 245G.05 and 254B.04</u> . The commissioner of human services shall reimburse the court for the cost of the chemical use assessment, up to a maximum of \$100.		
260B.157 Subd. 3 (a)	Juvenile treatment screening team. (a) The local social services agency shall establish a juvenile treatment screening team to conduct screenings and prepare case plans under this subdivision. The team, which may be the team constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to 9530.6655, shall consist of social workers, juvenile justice professionals, and persons with expertise in the treatment of juveniles who are emotionally disabled, chemically dependent, or have a developmental disability. The team shall involve parents or guardians in the screening process as appropriate. The team may be the same team as defined in section 260C.157, subdivision 3.	Juvenile treatment screening team. (a) The local social services agency shall establish a juvenile treatment screening team to conduct screenings and prepare case plans under this subdivision. The team, which may be the team constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to 9530.6655 <u>chapter 254B</u> , shall consist of social workers, juvenile justice professionals, and persons with expertise in the treatment of juveniles who are emotionally disabled, chemically dependent, or have a developmental disability. The team shall involve parents or guardians in the screening process as appropriate. The team may be the same team as defined in section 260C.157, subdivision 3.	<u>8/1/2023</u>	H.F.No. 1403 50/2/58
260C.157 Subd. 3 (b)	Juvenile treatment screening team. (b) The responsible social services agency shall conduct screenings within 15 days of a request for a screening, unless the screening is for the purpose of residential treatment and the child is enrolled in a prepaid health program under section 256B.69, in which case the agency shall conduct the screening within ten working days of a request. The responsible social services agency shall	Juvenile treatment screening team. (b) The responsible social services agency shall conduct screenings within 15 days of a request for a screening, unless the screening is for the purpose of residential treatment and the child is enrolled in a prepaid health program under section 256B.69, in which case the agency shall conduct the screening within ten working days of a request. The responsible social services agency shall	<u>8/1/2023</u>	H.F.No. 1403 50/2/59

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	<p>convene the juvenile treatment screening team, which may be constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts 9530.6600 to 9530.6655. The team shall consist of social workers; persons with expertise in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have a developmental disability; and the child's parent, guardian, or permanent legal custodian. The team may include the child's relatives as defined in section 260C.007, subdivisions 26b and 27, the child's foster care provider, and professionals who are a resource to the child's family such as teachers, medical or mental health providers, and clergy, as appropriate, consistent with the family and permanency team as defined in section 260C.007, subdivision 16a. Prior to forming the team, the responsible social services agency must consult with the child's parents, the child if the child is age 14 or older, and, if applicable, the child's tribe to obtain recommendations regarding which individuals to include on the team and to ensure that the team is family-centered and will act in the child's best interests. If the child, child's parents, or legal guardians raise concerns about specific relatives or professionals, the team should not include those individuals. This provision does not apply to paragraph (c).</p>	<p>convene the juvenile treatment screening team, which may be constituted under section 245.4885, <u>254B.05</u>, or 256B.092 or Minnesota Rules, parts 9530.6600 to 9530.6655. The team shall consist of social workers; persons with expertise in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have a developmental disability; and the child's parent, guardian, or permanent legal custodian. The team may include the child's relatives as defined in section 260C.007, subdivisions 26b and 27, the child's foster care provider, and professionals who are a resource to the child's family such as teachers, medical or mental health providers, and clergy, as appropriate, consistent with the family and permanency team as defined in section 260C.007, subdivision 16a. Prior to forming the team, the responsible social services agency must consult with the child's parents, the child if the child is age 14 or older, and, if applicable, the child's tribe to obtain recommendations regarding which individuals to include on the team and to ensure that the team is family-centered and will act in the child's best interests. If the child, child's parents, or legal guardians raise concerns about specific relatives or professionals, the team should not include those individuals. This provision does not apply to paragraph (c).</p>		
260E.20 Subd. 1 (g)	<p>If the family assessment or investigation indicates there is a potential for abuse of alcohol or other drugs by the parent, guardian, or person responsible for the child's care, the local welfare agency shall conduct a chemical use assessment pursuant to Minnesota Rules, part 9530.6615.</p>	<p>If the family assessment or investigation indicates there is a potential for abuse of alcohol or other drugs by the parent, guardian, or person responsible for the child's care, the local welfare agency shall conduct <u>must coordinate a chemical use comprehensive</u> assessment pursuant</p>	<u>8/1/2023</u>	H.F.No. 1403 50/2/60

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		to Minnesota Rules, part 9530.6615 <u>section 245G.05.</u>		
299A.299 Subd. 1	Establishment of team. A county, a multicounty organization of counties formed by an agreement under section 471.59, or a city with a population of no more than 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical abuse prevention team may include, but not be limited to, representatives of health, mental health, public health, law enforcement, educational, social service, court service, community education, religious, and other appropriate agencies, and parent and youth groups. For purposes of this section, "chemical abuse" has the meaning given in Minnesota Rules, part 9530.6605, subpart 6. When possible the team must coordinate its activities with existing local groups, organizations, and teams dealing with the same issues the team is addressing.	Establishment of team. A county, a multicounty organization of counties formed by an agreement under section 471.59, or a city with a population of no more than 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical abuse prevention team may include, but not be limited to, representatives of health, mental health, public health, law enforcement, educational, social service, court service, community education, religious, and other appropriate agencies, and parent and youth groups. For purposes of this section, "chemical abuse" has the meaning given in Minnesota Rules, part 9530.6605, subpart 6 <u>section 254A.02, subdivision 6a.</u> When possible the team must coordinate its activities with existing local groups, organizations, and teams dealing with the same issues the team is addressing.	<u>8/1/2023</u>	H.F.No. 1403 50/2/61
		<u>LOCAL AGENCY SUBSTANCE USE DISORDER ALLOCATION.</u> <u>The commissioner of human services shall evaluate the ongoing need for local agency substance use disorder allocations under Minnesota Statutes, section 254B.02. The evaluation must include recommendations on whether local agency allocations should continue, and if so, must recommend what the purpose of the allocations should be and propose an updated allocation methodology that aligns with the purpose and person-centered outcomes for people experiencing substance use disorders and behavioral health conditions. The commissioner</u>	<u>8/1/2023</u>	S.F.No. 2995 70/9/39

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		<u>may contract with a vendor to support this evaluation through research and actuarial analysis</u>		
		<u>CULTURALLY RESPONSIVE RECOVERY COMMUNITY GRANTS.</u> The commissioner must establish start-up and capacity-building grants for prospective or new recovery community organizations serving or intending to serve culturally specific or population-specific recovery communities. Grants may be used for expenses that are not reimbursable under Minnesota health care programs, including but not limited to:	<u>7/1/2023</u>	S.F.No. 2934 61/4/21
		<u>(1) costs associated with hiring and retaining staff;</u>		
		<u>(2) staff training, purchasing office equipment and supplies;</u>		
		<u>(3) purchasing software and website services;</u>		
		<u>(4) costs associated with establishing nonprofit status;</u>		
		<u>(5) rental and lease costs and community outreach; and</u>		
		<u>(6) education and recovery events.</u>		
		<u>FAMILY TREATMENT START-UP AND CAPACITY-BUILDING GRANTS.</u> The commissioner of human services must establish start-up and capacity-building grants for prospective or new substance use disorder treatment programs that serve parents with their children. Grants must be used for expenses that are not reimbursable under Minnesota health care programs, including but not limited to:	<u>7/1/2023</u>	S.F.No. 2934 61/4/22
		<u>(1) physical plant upgrades to support larger family units;</u>		
		<u>(2) supporting the expansion or development of programs that provide holistic services, including</u>		

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		<u>trauma supports, conflict resolution, and parenting skills;</u>		
		<u>(3) increasing awareness, education, and outreach utilizing culturally responsive approaches to develop relationships between culturally specific communities and clinical treatment provider programs; and</u>		
		<u>(4) expanding culturally specific family programs and accommodating diverse family units.</u>		
		<u>MEDICAL ASSISTANCE BEHAVIORAL HEALTH SYSTEM TRANSFORMATION STUDY.</u> <u>The commissioner of human services, in consultation with stakeholders, must evaluate the feasibility, potential design, and federal authorities needed to cover traditional healing, behavioral health services in correctional facilities, and contingency management under the medical assistance program.</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/23
		<u>ENROLLMENT AND REQUIREMENTS FOR PEER RECOVERY SUPPORT SERVICES VENDORS.</u> <u>The commissioner of human services must consult with providers, counties, Tribes, recovery community organizations, and the recovery community at large to develop recommendations on whether entities seeking vendor eligibility for medical assistance peer recovery support services should be subject to additional provider enrollment and oversight requirements. The commissioner must submit recommendations to the chairs and ranking minority members of the committees with jurisdiction over health and human services by February 1, 2024. Recommendations must include the additional requirements that may be needed and specify which entities would be subject to the</u>	<u>7/1/2023</u>	S.F.No. 2934 61/4/25

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		<u>additional requirements. Recommendations must balance the goals of fostering cultures of accountability, applying supportive supervision models, and increasing access to high-quality, culturally responsive medical assistance peer recovery support services.</u>		