

1.1 Senator moves to amend the delete-everything amendment (SCS4165A-2)
1.2 to S.F. No. 4165 as follows:

1.3 Page 15, after line 32, insert:

1.4 "Sec. 7. Minnesota Statutes 2020, section 148F.11, is amended by adding a subdivision
1.5 to read:

1.6 Subd. 2a. Former students. (a) A former student may practice alcohol and drug
1.7 counseling for 90 days from the former student's degree conferral date from an accredited
1.8 school or educational program or from the last date the former student received credit for
1.9 an alcohol and drug counseling course from an accredited school or educational program.
1.10 The former student's practice must be supervised by a supervisor.

1.11 (b) The former student's right to practice automatically expires after 90 days from the
1.12 former student's degree conferral date or date of last course credit, whichever occurs last.

1.13 EFFECTIVE DATE. This section is effective the day following final enactment."

1.14 Page 21, after line 12, insert:

1.15 "Sec. 14. Minnesota Statutes 2020, section 245A.19, is amended to read:

1.16 **245A.19 HIV TRAINING IN ~~CHEMICAL DEPENDENCY~~ SUBSTANCE USE**
1.17 **DISORDER TREATMENT PROGRAM.**

1.18 (a) Applicants and license holders for ~~chemical dependency~~ substance use disorder
1.19 residential and nonresidential programs must demonstrate compliance with HIV minimum
1.20 standards ~~prior to~~ before their application ~~being~~ is complete. The HIV minimum standards
1.21 contained in the HIV-1 Guidelines for ~~chemical dependency~~ substance use disorder treatment
1.22 and care programs in Minnesota are not subject to rulemaking.

1.23 (b) ~~Ninety days after April 29, 1992,~~ The applicant or license holder shall orient all
1.24 ~~chemical dependency~~ substance use disorder treatment staff and clients to the HIV minimum
1.25 standards. Thereafter, orientation shall be provided to all staff and clients, within 72 hours
1.26 of employment or admission to the program. In-service training shall be provided to all staff
1.27 on at least an annual basis and the license holder shall maintain records of training and
1.28 attendance.

1.29 (c) The license holder shall maintain a list of referral sources for the purpose of making
1.30 necessary referrals of clients to HIV-related services. The list of referral services shall be
1.31 updated at least annually.

2.1 (d) Written policies and procedures, consistent with HIV minimum standards, shall be
2.2 developed and followed by the license holder. All policies and procedures concerning HIV
2.3 minimum standards shall be approved by the commissioner. The commissioner ~~shall provide~~
2.4 ~~training on HIV minimum standards to applicants~~ must outline the content required in the
2.5 annual staff training under paragraph (b).

2.6 (e) The commissioner may permit variances from the requirements in this section. License
2.7 holders seeking variances must follow the procedures in section 245A.04, subdivision 9.

2.8 Sec. 15. Minnesota Statutes 2020, section 245F.04, subdivision 1, is amended to read:

2.9 Subdivision 1. **General application and license requirements.** An applicant for licensure
2.10 as a clinically managed withdrawal management program or medically monitored withdrawal
2.11 management program must meet the following requirements, except where otherwise noted.
2.12 All programs must comply with federal requirements and the general requirements in sections
2.13 626.557 and 626.5572 and chapters 245A, 245C, and 260E. A withdrawal management
2.14 program must be located in a hospital licensed under sections 144.50 to 144.581, or must
2.15 be a supervised living facility with a class A or B license from the Department of Health
2.16 under Minnesota Rules, parts 4665.0100 to 4665.9900.

2.17 Sec. 16. Minnesota Statutes 2020, section 245G.01, is amended by adding a subdivision
2.18 to read:

2.19 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who works under the
2.20 direct observation of the license holder to present to clients on topics in which they have
2.21 expertise and that the license holder has determined to be beneficial to the client's recovery.
2.22 Tribally licensed programs have autonomy to identify the qualifications of their guest
2.23 speakers.

2.24 Sec. 17. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
2.25 to read:

2.26 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
2.27 the staff member who provides the treatment service documents in the client record the
2.28 date, type, and amount of each treatment service provided to a client within seven days of
2.29 providing the treatment service.

3.1 Sec. 18. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
3.2 to read:

3.3 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
3.4 document in the client record any significant event that occurs at the program within 24
3.5 hours of the event. A significant event is an event that impacts the client's relationship with
3.6 other clients, staff, the client's family, or the client's treatment plan.

3.7 (b) A residential treatment program must document in the client record the following
3.8 items within 24 hours that each occurs:

3.9 (1) medical and other appointments the client attended if known by the provider;

3.10 (2) concerns related to medications that are not documented in the medication
3.11 administration record; and

3.12 (3) concerns related to attendance for treatment services, including the reason for any
3.13 client absence from a treatment service.

3.14 Sec. 19. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

3.15 ~~Subd. 3. **Documentation of treatment services; Treatment plan review.** (a) A review~~
3.16 ~~of all treatment services must be documented weekly and include a review of:~~

3.17 ~~(1) care coordination activities;~~

3.18 ~~(2) medical and other appointments the client attended;~~

3.19 ~~(3) issues related to medications that are not documented in the medication administration~~
3.20 ~~record; and~~

3.21 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
3.22 ~~absence from a treatment service.~~

3.23 ~~(b) A note must be entered immediately following any significant event. A significant~~
3.24 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
3.25 ~~family, or the client's treatment plan.~~

3.26 ~~(c) A treatment plan review must be entered in a client's file weekly or after each treatment~~
3.27 ~~service, whichever is less frequent, by the staff member providing the service by an alcohol~~
3.28 ~~and drug counselor at least every 28 calendar days, when there is a significant change in~~
3.29 ~~the client's situation, functioning, or service methods, or at the request of the client. The~~
3.30 ~~review must indicate the span of time covered by the review and each of the six dimensions~~
3.31 ~~listed in section 245G.05, subdivision 2, paragraph (c). The review must:~~

4.1 (1) ~~indicate the date, type, and amount of each treatment service provided and the client's~~
4.2 ~~response to each service;~~

4.3 ~~(2)~~ address each goal in the treatment plan and whether the methods to address the goals
4.4 are effective;

4.5 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

4.6 ~~(4)~~ (3) document the participation of others;

4.7 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
4.8 treatment plan and whether the client agrees with the change; and

4.9 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
4.10 to section 245A.65.

4.11 ~~(d)~~ (b) Each entry in a client's record must be accurate, legible, signed, and dated. A late
4.12 entry must be clearly labeled "late entry." A correction to an entry must be made in a way
4.13 in which the original entry can still be read.

4.14 **EFFECTIVE DATE.** This section is effective August 1, 2022.

4.15 Sec. 20. Minnesota Statutes 2020, section 245G.12, is amended to read:

4.16 **245G.12 PROVIDER POLICIES AND PROCEDURES.**

4.17 A license holder must develop a written policies and procedures manual, indexed
4.18 according to section 245A.04, subdivision 14, paragraph (c), that provides staff members
4.19 immediate access to all policies and procedures and provides a client and other authorized
4.20 parties access to all policies and procedures. The manual must contain the following
4.21 materials:

4.22 (1) assessment and treatment planning policies, including screening for mental health
4.23 concerns and treatment objectives related to the client's identified mental health concerns
4.24 in the client's treatment plan;

4.25 (2) policies and procedures regarding HIV according to section 245A.19;

4.26 (3) the license holder's methods and resources to provide information on tuberculosis
4.27 and tuberculosis screening to each client and to report a known tuberculosis infection
4.28 according to section 144.4804;

4.29 (4) personnel policies according to section 245G.13;

4.30 (5) policies and procedures that protect a client's rights according to section 245G.15;

- 5.1 (6) a medical services plan according to section 245G.08;
- 5.2 (7) emergency procedures according to section 245G.16;
- 5.3 (8) policies and procedures for maintaining client records according to section 245G.09;
- 5.4 (9) procedures for reporting the maltreatment of minors according to chapter 260E, and
- 5.5 vulnerable adults according to sections 245A.65, 626.557, and 626.5572;
- 5.6 (10) a description of treatment services that: (i) includes the amount and type of services
- 5.7 provided; (ii) identifies which services meet the definition of group counseling under section
- 5.8 245G.01, subdivision 13a; ~~and~~ (iii) identifies which groups and topics a guest speaker could
- 5.9 provide services under the direct observation of a licensed alcohol and drug counselor; and
- 5.10 (iv) defines the program's treatment week;
- 5.11 (11) the methods used to achieve desired client outcomes;
- 5.12 (12) the hours of operation; and
- 5.13 (13) the target population served."
- 5.14 Page 32, line 1, strike "care" and insert "treatment"
- 5.15 Page 32, lines 12 and 22, strike "which" and insert "that"
- 5.16 Page 32, line 13, after "each" insert "treatment"
- 5.17 Page 33, line 17, strike "25 percent of" and after "the" insert "program employs sufficient"
- 5.18 and after "staff" insert "who"
- 5.19 Page 33, line 21, strike everything after the comma
- 5.20 Page 33, strike line 22
- 5.21 Page 33, line 23, strike "co-occurring" and insert "to meet the need for client"
- 5.22 Page 34, line 1, strike "In order"
- 5.23 Page 34, after line 22, insert:
- 5.24 "(i) Programs using a qualified guest speaker must maintain documentation of the person's
- 5.25 qualifications to present to clients on a topic the program has determined to be of value to
- 5.26 its clients. A qualified counselor must be present during the delivery of content and must
- 5.27 be responsible for documentation of the group."
- 5.28 Page 44, after line 8, insert:

6.1 "Sec. 44. Minnesota Statutes 2021 Supplement, section 256B.69, subdivision 9f, is amended
6.2 to read:

6.3 Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner,
6.4 by December 15 of each year, ~~beginning December 15, 2021,~~ shall submit to the chairs and
6.5 ranking minority members of the legislative committees with jurisdiction over health care
6.6 policy and finance a report on managed care and county-based purchasing plan provider
6.7 reimbursement rates.

6.8 (b) The report must include, for each managed care and county-based purchasing plan,
6.9 the mean and median provider reimbursement rates by county for the calendar year preceding
6.10 the reporting year, for the five most common billing codes statewide across all plans, in
6.11 each of the following provider service categories if within the county there are more than
6.12 three medical assistance enrolled providers providing the specific service within the specific
6.13 category:

6.14 (1) physician prenatal services;

6.15 (2) physician preventive services;

6.16 (3) physician services other than prenatal or preventive;

6.17 (4) dental services;

6.18 (5) inpatient hospital services;

6.19 (6) outpatient hospital services; ~~and~~

6.20 (7) mental health services; and

6.21 (8) substance use disorder services.

6.22 (c) The commissioner shall also include in the report:

6.23 (1) the mean and median reimbursement rates across all plans by county for the calendar
6.24 year preceding the reporting year for the billing codes and provider service categories
6.25 described in paragraph (b); and

6.26 (2) the mean and median fee-for-service reimbursement rates by county for the calendar
6.27 year preceding the reporting year for the billing codes and provider service categories
6.28 described in paragraph (b)."

6.29 Page 45, after line 28, insert:

7.1 "Sec. 48. Laws 2021, First Special Session chapter 7, article 11, section 38, is amended
7.2 to read:

7.3 **Sec. 38. DIRECTION TO THE COMMISSIONER; SUBSTANCE USE DISORDER**
7.4 **TREATMENT PAPERWORK REDUCTION.**

7.5 (a) The commissioner of human services, in consultation with counties, tribes, managed
7.6 care organizations, substance use disorder treatment professional associations, and other
7.7 relevant stakeholders, shall develop, assess, and recommend systems improvements to
7.8 minimize regulatory paperwork and improve systems for substance use disorder programs
7.9 licensed under Minnesota Statutes, chapter 245A, and regulated under Minnesota Statutes,
7.10 chapters 245F and 245G, and Minnesota Rules, chapters 2960 and 9530. The commissioner
7.11 of human services shall make available any resources needed from other divisions within
7.12 the department to implement systems improvements.

7.13 (b) The commissioner of health shall make available needed information and resources
7.14 from the Division of Health Policy.

7.15 (c) The Office of MN.IT Services shall provide advance consultation and implementation
7.16 of the changes needed in data systems.

7.17 (d) The commissioner of human services shall contract with a vendor that has experience
7.18 with developing statewide system changes for multiple states at the payer and provider
7.19 levels. If the commissioner, after exercising reasonable diligence, is unable to secure a
7.20 vendor with the requisite qualifications, the commissioner may select the best qualified
7.21 vendor available. When developing recommendations, the commissioner shall consider
7.22 input from all stakeholders. The commissioner's recommendations shall maximize benefits
7.23 for clients and utility for providers, regulatory agencies, and payers.

7.24 (e) The commissioner of human services and the contracted vendor shall follow the
7.25 recommendations from the report issued in response to Laws 2019, First Special Session
7.26 chapter 9, article 6, section 76.

7.27 (f) By ~~December 15, 2022~~ Within two years of contracting with a qualified vendor
7.28 according to paragraph (d), the commissioner of human services shall take steps to implement
7.29 paperwork reductions and systems improvements within the commissioner's authority and
7.30 submit to the chairs and ranking minority members of the legislative committees with
7.31 jurisdiction over health and human services a report that includes recommendations for
7.32 changes in statutes that would further enhance systems improvements to reduce paperwork.
7.33 The report shall include a summary of the approaches developed and assessed by the

- 8.1 commissioner of human services and stakeholders and the results of any assessments
- 8.2 conducted."
- 8.3 Renumber the sections in sequence and correct the internal references
- 8.4 Amend the title accordingly