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## **S.F. No. 3984 - Behavioral science health licensing and eligibility requirements modifications**

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### *Bill Overview*

**S.F. 3984** modifies various provisions in existing law relating to licensed alcohol and drug counselors and substance use disorder treatment services. In particular, the bill expands eligible education requirements for such counselors, and removes a restriction limiting the licensing candidates that can be employed at substance use disorder licensed treatment facilities. S.F. 3984 further clarifies when an individual’s financial eligibility span for the behavioral health fund must begin, and provides that an affidavit alone is proof of behavioral health fund eligibility, absent probable cause demonstrating otherwise. The bill also modifies provisions relating to Department of Human Services payment rates for substance use disorder services, such that certain eligibility criteria for enhanced rates are reduced.

### *Section Summaries*

**Section 1 (amends Minn. Stat. § 148F.025, subdivision 2)** Existing law requires an applicant for licensure as a licensed alcohol and drug counselor to have received a bachelor’s degree from an accredited school or education program, among other requirements. This section expands the eligible education requirements to permit individuals that received a master’s degree from such a school or program to be licensed, even if the individual did not receive a bachelor’s degree meeting the requirement.

**Section 2 (amends Minn. Stat. § 245G.031, subdivision 2)** Existing law defines, for purposes of the section, “accrediting body” as the joint commission. This section expands that definition to also include “the Commission on Accreditation of Rehabilitation Facilities, or the ASAM Level of Care Certification Program.”

**Section 3 (amends Minn. Stat. § 245G.11, subdivision 10)** Existing law limits the staff of substance use disorder licensed treatment facilities, such that no more than 50 percent of the treatment staff may be students, former students, or licensing candidates. This section removes “licensing candidates” from the calculation of treatment staff for purposes of this restriction.

**Section 4 (amends Minn. Stat. § 254B.04, subdivision 6)** The applicable statutory subdivision relates to a local agency’s determination of a client’s financial eligibility for the behavioral health fund. This section of the bill reduces the amount of time for which the local agency is required to enter the financial eligibility span from 10 calendar days of the request to 5 calendar days. This section further clarifies when the eligibility span must begin, and provides that an affidavit alone is proof of behavioral health fund eligibility, unless there is probable cause to show that the client may not meet eligibility requirements.

**Section 5 (amends Minn. Stat. § 254B.05, subdivision 5)** This section modifies provisions relating to Department of Human Services payment rates for substance use disorder services, such that certain eligibility criteria for enhanced rates are reduced. Specifically, this section would newly permit eligibility for enhanced rates for (1) programs that offer medical services delivered by appropriately credential health care staff in an amount equal to one hour per client per week, and (2) programs that meet the co-occurring mental health and substance use disorder problems if the program employs a mental health professional. This section further provides that a license holder remains eligible to bill for the client’s intensity level of services, even if the license holder is unable to provide all residential treatment services because a client missed services, if the license holder can document the reason the client missed the services and the interventions done to address the client’s absence.

**Section 6 (amends Laws 2021, First Special Session chapter 7, article 11, section 38) (Direction to the Commissioner; Substance Use Disorder Treatment Paperwork Reduction)** This section provides a definitive date of December 15, 2024 (as compared with the existing language of “within two years of contracting with a qualified vendor according to paragraph (d)”) for the commissioner of human services to “take steps to implement paperwork reductions and systems improvements within the commissioner’s authority” and to submit a related report to the chairs and ranking minority members of the health and human services legislative committees.