

1.1 Senator moves to amend the delete-everything amendment (SCS4399A-3)
1.2 to S.F. No. 4399 as follows:

1.3 Page 51, after line 30, insert:

1.4 "Sec. 6. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision
1.5 to read:

1.6 Subd. 8a. **Clinical trainee.** "Clinical trainee" means a staff person who is qualified
1.7 according to section 245I.04, subdivision 6 and who is working under the supervision of a
1.8 mental health professional.

1.9 Sec. 7. Minnesota Statutes 2022, section 245G.01, subdivision 13b, is amended to read:

1.10 Subd. 13b. **Guest speaker.** "Guest speaker" means an individual who is not ~~an alcohol~~
1.11 ~~and drug counselor qualified according to section 245G.11, subdivision 5~~ a qualified
1.12 professional; is not qualified according to the commissioner's list of professionals under
1.13 section 245G.07, subdivision 3; and who works under the direct observation of ~~an alcohol~~
1.14 ~~and drug counselor~~ a qualified professional to present to clients on topics in which the guest
1.15 speaker has expertise and that the license holder has determined to be beneficial to a client's
1.16 recovery. Tribally licensed programs have autonomy to identify the qualifications of their
1.17 guest speakers.

1.18 Sec. 8. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision to
1.19 read:

1.20 Subd. 17a. **Mental health professional.** "Mental health professional" means a staff
1.21 person who is qualified under section 245I.04, subdivision 2.

1.22 Sec. 9. Minnesota Statutes 2022, section 245G.01, subdivision 24, is amended to read:

1.23 Subd. 24. **Substance use disorder treatment.** "Substance use disorder treatment" means
1.24 treatment of a substance use disorder, including the process of assessment of a client's needs,
1.25 development of planned methods, including interventions or services to address a client's
1.26 needs, provision of services, facilitation of services provided by other service providers,
1.27 and ongoing reassessment by a qualified ~~professional~~ individual when indicated. The goal
1.28 of substance use disorder treatment is to assist or support the client's efforts to recover from
1.29 a substance use disorder.

2.1 Sec. 10. Minnesota Statutes 2022, section 245G.01, is amended by adding a subdivision
2.2 to read:

2.3 Subd. 30. **Qualified professional.** "Qualified Professional" means:

2.4 (1) a clinical trainee; or

2.5 (2) an individual who has a current individual scope of practice and at least 12 hours of
2.6 training in addiction, co-occurring disorders, or substance use disorder diagnosis and
2.7 treatment prior to working in any treatment program licensed under this chapter, and is
2.8 either a licensed alcohol and drug counselor, a mental health professional, or a registered
2.9 nurse. "

2.10 Page 52, after line 31, insert:

2.11 "Sec. 13. Minnesota Statutes 2023 Supplement, section 245G.05, subdivision 1, is amended
2.12 to read:

2.13 Subdivision 1. **Comprehensive assessment.** A comprehensive assessment of the client's
2.14 substance use disorder must be administered face-to-face by ~~an alcohol and drug counselor~~
2.15 a qualified professional within five calendar days from the day of service initiation for a
2.16 residential program or by the end of the fifth day on which a treatment service is provided
2.17 in a nonresidential program. The number of days to complete the comprehensive assessment
2.18 excludes the day of service initiation. If the comprehensive assessment is not completed
2.19 within the required time frame, the person-centered reason for the delay and the planned
2.20 completion date must be documented in the client's file. The comprehensive assessment is
2.21 complete upon a qualified ~~staff member's~~ professional's dated signature. If the client received
2.22 a comprehensive assessment that authorized the treatment service, ~~an alcohol and drug~~
2.23 ~~counselor~~ a qualified professional may use the comprehensive assessment for requirements
2.24 of this subdivision but must document a review of the comprehensive assessment and update
2.25 the comprehensive assessment as clinically necessary to ensure compliance with this
2.26 subdivision within applicable timelines. ~~An alcohol and drug counselor~~ A qualified
2.27 professional must sign and date the comprehensive assessment review and update."

2.28 Page 53, after line 25, insert:

2.29 "Sec. 15. Minnesota Statutes 2023 Supplement, section 245G.06, subdivision 1, is amended
2.30 to read:

2.31 Subdivision 1. **General.** Each client must have a person-centered individual treatment
2.32 plan developed by ~~an alcohol and drug counselor~~ a qualified professional 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~~ qualified professional and document the client's involvement in the development of the plan. The individual treatment plan is developed upon the qualified ~~staff member's~~ professional'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~~ qualified professional. 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 assessment via telehealth and the ~~alcohol and drug counselor~~ qualified professional documents the reason the client's signature cannot be obtained, the ~~alcohol and drug counselor~~ qualified professional 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.

Sec. 16. Minnesota Statutes 2023 Supplement, section 245G.06, subdivision 3, is amended to read:

Subd. 3. **Treatment plan review.** A treatment plan review must be completed by the ~~alcohol and drug counselor~~ qualified professional responsible for the client's treatment plan. The review must indicate the span of time covered by the review and must:

(1) document client goals addressed since the last treatment plan review and whether the identified methods continue to be effective;

(2) document monitoring of any physical and mental health problems and include toxicology results for alcohol and substance use, when available;

(3) document the participation of others involved in the individual's treatment planning, including when services are offered to the client's family or significant others;

(4) if changes to the treatment plan are determined to be necessary, document staff recommendations for changes in the methods identified in the treatment plan and whether the client agrees with the change;

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

(6) document any referrals made since the previous treatment plan review.

Sec. 17. Minnesota Statutes 2023 Supplement, section 245G.06, subdivision 3a, is amended to read:

Subd. 3a. Frequency of treatment plan reviews. (a) A license holder must ensure that the ~~alcohol and drug counselor~~ qualified professional responsible for a client's treatment plan completes and documents a treatment plan review that meets the requirements of subdivision 3 in each client's file, according to the frequencies required in this subdivision. All ASAM levels referred to in this chapter are those described in section 254B.19, subdivision 1.

(b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or residential hospital-based services, a treatment plan review must be completed once every 14 days.

(c) For a client receiving residential ASAM level 3.1 low-intensity services or any other residential level not listed in paragraph (b), a treatment plan review must be completed once every 30 days.

(d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services, a treatment plan review must be completed once every 14 days.

(e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive outpatient services or any other nonresidential level not included in paragraph (d), a treatment plan review must be completed once every 30 days.

(f) For a client receiving nonresidential opioid treatment program services according to section 245G.22:

(1) a treatment plan review must be completed weekly for the ten weeks following completion of the treatment plan; and

(2) monthly thereafter.

Treatment plan reviews must be completed more frequently when clinical needs warrant.

(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

5.1 once every 90 days. Treatment plan reviews must be completed more frequently when
5.2 clinical needs warrant.

5.3 Sec. 18. Minnesota Statutes 2023 Supplement, section 245G.06, subdivision 4, is amended
5.4 to read:

5.5 Subd. 4. **Service discharge summary.** (a) ~~An alcohol and drug counselor~~ A qualified
5.6 professional must write a service discharge summary for each client. The service discharge
5.7 summary must be completed within five days of the client's service termination. A copy of
5.8 the client's service discharge summary must be provided to the client upon the client's
5.9 request.

5.10 (b) The service discharge summary must be recorded in the six dimensions listed in
5.11 section 254B.04, subdivision 4, and include the following information:

5.12 (1) the client's issues, strengths, and needs while participating in treatment, including
5.13 services provided;

5.14 (2) the client's progress toward achieving each goal identified in the individual treatment
5.15 plan;

5.16 (3) a risk rating and description for each of the ASAM six dimensions;

5.17 (4) the reasons for and circumstances of service termination. If a program discharges a
5.18 client at staff request, the reason for discharge and the procedure followed for the decision
5.19 to discharge must be documented and comply with the requirements in section 245G.14,
5.20 subdivision 3, clause (3);

5.21 (5) the client's living arrangements at service termination;

5.22 (6) continuing care recommendations, including transitions between more or less intense
5.23 services, or more frequent to less frequent services, and referrals made with specific attention
5.24 to continuity of care for mental health, as needed; and

5.25 (7) service termination diagnosis.

5.26 Sec. 19. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended
5.27 to read:

5.28 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the
5.29 following additional treatment service as a part of the client's individual treatment plan:

5.30 (1) relationship counseling provided by a qualified ~~professional~~ individual to help the
5.31 client identify the impact of the client's substance use disorder on others and to help the

6.1 client and persons in the client's support structure identify and change behaviors that
6.2 contribute to the client's substance use disorder;

6.3 (2) therapeutic recreation to allow the client to participate in recreational activities
6.4 without the use of mood-altering chemicals and to plan and select leisure activities that do
6.5 not involve the inappropriate use of chemicals;

6.6 (3) stress management and physical well-being to help the client reach and maintain an
6.7 appropriate level of health, physical fitness, and well-being;

6.8 (4) living skills development to help the client learn basic skills necessary for independent
6.9 living;

6.10 (5) employment or educational services to help the client become financially independent;

6.11 (6) socialization skills development to help the client live and interact with others in a
6.12 positive and productive manner;

6.13 (7) room, board, and supervision at the treatment site to provide the client with a safe
6.14 and appropriate environment to gain and practice new skills; and

6.15 (8) peer recovery support services provided by an individual in recovery qualified
6.16 according to section 245I.04, subdivision 18. Peer support services include education;
6.17 advocacy; mentoring through self-disclosure of personal recovery experiences; attending
6.18 recovery and other support groups with a client; accompanying the client to appointments
6.19 that support recovery; assistance accessing resources to obtain housing, employment,
6.20 education, and advocacy services; and nonclinical recovery support to assist the transition
6.21 from treatment into the recovery community.

6.22 Sec. 20. Minnesota Statutes 2022, section 245G.07, subdivision 3, is amended to read:

6.23 Subd. 3. ~~Counselors~~ **Qualified professionals**. All treatment services, except peer
6.24 recovery support services and treatment coordination, must be provided by ~~an alcohol and~~
6.25 ~~drug counselor qualified according to section 245G.11, subdivision 5~~ **a qualified professional**,
6.26 unless the individual providing the service is specifically qualified according to the accepted
6.27 credential required to provide the service. The commissioner shall maintain a current list
6.28 of professionals qualified to provide treatment services.

7.1 Sec. 21. Minnesota Statutes 2022, section 245G.07, subdivision 3a, is amended to read:

7.2 Subd. 3a. **Use of guest speakers.** (a) The license holder may allow a guest speaker to
7.3 present information to clients as part of a treatment service provided by ~~an alcohol and drug~~
7.4 ~~counselor~~ a qualified professional, according to the requirements of this subdivision.

7.5 (b) ~~An alcohol and drug counselor~~ A qualified professional must visually observe and
7.6 listen to the presentation of information by a guest speaker the entire time the guest speaker
7.7 presents information to the clients. The ~~alcohol and drug counselor~~ qualified professional
7.8 is responsible for all information the guest speaker presents to the clients.

7.9 (c) The presentation of information by a guest speaker constitutes a direct contact service,
7.10 as defined in section 245C.02, subdivision 11.

7.11 (d) The license holder must provide the guest speaker with all training required for staff
7.12 members. If the guest speaker provides direct contact services one day a month or less, the
7.13 license holder must only provide the guest speaker with orientation training on the following
7.14 subjects before the guest speaker provides direct contact services:

7.15 (1) mandatory reporting of maltreatment, as specified in sections 245A.65, 626.557, and
7.16 626.5572 and chapter 260E;

7.17 (2) applicable client confidentiality rules and regulations;

7.18 (3) ethical standards for client interactions; and

7.19 (4) emergency procedures."

7.20 Page 54, after line 13, insert:

7.21 "Sec. 23. Minnesota Statutes 2022, section 245G.11, subdivision 7, is amended to read:

7.22 Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination
7.23 must be provided by qualified staff. An individual is qualified to provide treatment
7.24 coordination if the individual meets the qualifications of an alcohol and drug counselor
7.25 under subdivision 5 or if the individual:

7.26 (1) is skilled in the process of identifying and assessing a wide range of client needs;

7.27 (2) is knowledgeable about local community resources and how to use those resources
7.28 for the benefit of the client;

7.29 (3) ~~has successfully completed 30 hours of classroom instruction on treatment~~
7.30 ~~coordination for an individual with substance use disorder~~ has completed specific training

8.1 on substance use and co-occurring disorders that is consistent with national evidence-based
8.2 practices; and

8.3 (4) ~~has either~~ meets one of the following criteria:

8.4 (i) has a bachelor's degree in one of the behavioral sciences or related fields and at least
8.5 1,000 hours of supervised experience working with individuals with substance use disorder;
8.6 ~~or~~

8.7 (ii) is a mental health practitioner; or

8.8 (iii) has a current certification as an alcohol and drug counselor, level I, by the Upper
8.9 Midwest Indian Council on Addictive Disorders; and.

8.10 ~~(5) has at least 2,000 hours of supervised experience working with individuals with~~
8.11 ~~substance use disorder.~~

8.12 (b) A treatment coordinator must receive at least one hour of supervision regarding
8.13 individual service delivery from an alcohol and drug counselor, or a mental health
8.14 professional who has substance use treatment and assessments within the scope of their
8.15 practice, on a monthly basis."

8.16 Renumber the sections in sequence and correct the internal references

8.17 Amend the title accordingly