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ARTICLE 3  
SUBSTANCE USE DISORDER SERVICES

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ARTICLE 3  
SUBSTANCE USE DISORDER SERVICES  
Section 1. Minnesota Statutes 2022, section 151.065, subdivision 7, is amended to read:  
Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state government special revenue fund.  
(b) \$5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15), and subdivision 3, clauses (4) to (7), and (9) to (13), and \$55,000 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate epidemic response fund established in section 256.043.  
~~(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14), are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate epidemic response fund in section 256.043.~~  
Sec. 2. Minnesota Statutes 2023 Supplement, section 245.91, subdivision 4, is amended to read:  
Subd. 4. **Facility or program.** "Facility" or "program" means a nonresidential or residential program as defined in section 245A.02, subdivisions 10 and 14, and any agency, facility, or program that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance that is required to be licensed, certified, or registered by the commissioner of human services, health, or education; a sober home as defined in section 254B.01, subdivision 11; peer recovery support services provided by a recovery community organization as defined in section 254B.01, subdivision 8; and an acute care inpatient facility that provides services or treatment for mental illness, developmental disability, substance use disorder, or emotional disturbance.  
Sec. 3. Minnesota Statutes 2022, section 245F.08, subdivision 3, is amended to read:  
Subd. 3. **Peer recovery support services.** ~~(a) Peers in recovery serve as mentors or recovery support partners for individuals in recovery, and may provide encouragement, self disclosure of recovery experiences, transportation to appointments, assistance with finding resources that will help locate housing, job search resources, and assistance finding and participating in support groups.~~  
~~(b) Peer recovery support services are provided by a recovery peer and must be supervised by the responsible staff person~~ must be provided according to sections 254B.05, subdivision 5, and 254B.052.  
**EFFECTIVE DATE.** This section is effective January 1, 2025.

42.22 Sec. 4. Minnesota Statutes 2023 Supplement, section 245G.07, subdivision 2, is amended  
42.23 to read:

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

42.26 (1) relationship counseling provided by a qualified professional to help the client identify  
42.27 the impact of the client's substance use disorder on others and to help the client and persons  
42.28 in the client's support structure identify and change behaviors that contribute to the client's  
42.29 substance use disorder;

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

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

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

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

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

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

43.10 (8) peer recovery support services must be provided by ~~an individual in~~ a recovery peer  
43.11 qualified according to section 245I.04, subdivision 18. Peer recovery support services ~~include~~  
43.12 ~~education; advocacy; mentoring through self-disclosure of personal recovery experiences;~~  
43.13 ~~attending recovery and other support groups with a client; accompanying the client to~~  
43.14 ~~appointments that support recovery; assistance accessing resources to obtain housing;~~  
43.15 ~~employment, education, and advocacy services; and nonclinical recovery support to assist~~  
43.16 ~~the transition from treatment into the recovery community~~ must be provided according to  
43.17 sections 254B.05, subdivision 5, and 254B.052.

43.18 **EFFECTIVE DATE.** This section is effective January 1, 2025.

43.19 Sec. 5. Minnesota Statutes 2023 Supplement, section 245I.04, subdivision 19, is amended  
43.20 to read:

43.21 Subd. 19. **Recovery peer scope of practice.** (a) A recovery peer, under the supervision  
43.22 of ~~an~~ a licensed alcohol and drug counselor or mental health professional who meets the  
43.23 qualifications under subdivision 2, must:

43.24 (1) provide individualized peer support and individual recovery planning to each client;

43.25 (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development  
43.26 of natural supports; and

43.27 (3) support a client's maintenance of skills that the client has learned from other services.

43.28 (b) A licensed alcohol and drug counselor or mental health professional providing  
43.29 supervision to a recovery peer must meet with the recovery peer face-to-face, either remotely  
43.30 or in person, at least once per month in order to provide adequate supervision to the recovery  
43.31 peer. Supervision must include reviewing individual recovery plans, as defined in section  
43.32 254B.01, subdivision 4e, and reviewing documentation of peer recovery support services  
44.1 provided for clients and may include client updates, discussion of ethical considerations,  
44.2 and any other questions or issues relevant to peer recovery support services.

44.3 Sec. 6. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to  
44.4 read:

44.5 Subd. 4e. **Individual recovery plan.** "Individual recovery plan" means a person-centered  
44.6 outline of supports that an eligible vendor of peer recovery support services under section  
44.7 254B.05, subdivision 1, must develop to respond to an individual's peer recovery support  
44.8 services needs and goals.

44.9 Sec. 7. Minnesota Statutes 2022, section 254B.01, is amended by adding a subdivision to  
44.10 read:

44.11 Subd. 8a. **Recovery peer.** "Recovery peer" means a person who is qualified according  
44.12 to section 245I.04, subdivision 18, to provide peer recovery support services within the  
44.13 scope of practice provided under section 245I.04, subdivision 19.

44.14 Sec. 8. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 1, is amended  
44.15 to read:

44.16 Subdivision 1. **Licensure or certification required.** (a) Programs licensed by the  
44.17 commissioner are eligible vendors. Hospitals may apply for and receive licenses to be  
44.18 eligible vendors, notwithstanding the provisions of section 245A.03. American Indian  
44.19 programs that provide substance use disorder treatment, extended care, transitional residence,  
44.20 or outpatient treatment services, and are licensed by tribal government are eligible vendors.

44.21 (b) A licensed professional in private practice as defined in section 245G.01, subdivision  
44.22 17, who meets the requirements of section 245G.11, subdivisions 1 and 4, is an eligible  
44.23 vendor of a comprehensive assessment and assessment summary provided according to  
44.24 section 245G.05, and treatment services provided according to sections 245G.06 and  
44.25 245G.07, subdivision 1, paragraphs (a), clauses (1) to (5), and (b); and subdivision 2, clauses  
44.26 (1) to (6).

44.27 (c) A county is an eligible vendor for a comprehensive assessment and assessment  
44.28 summary when provided by an individual who meets the staffing credentials of section  
44.29 245G.11, subdivisions 1 and 5, and completed according to the requirements of section  
44.30 245G.05. A county is an eligible vendor of care coordination services when provided by an

44.31 individual who meets the staffing credentials of section 245G.11, subdivisions 1 and 7, and  
44.32 provided according to the requirements of section 245G.07, subdivision 1, paragraph (a),  
45.1 clause (5). A county is an eligible vendor of peer recovery services when the services are  
45.2 provided by an individual who meets the requirements of section 245G.11, subdivision 8.

45.3 (d) A recovery community organization that meets the requirements of clauses (1) to  
45.4 ~~(10) (12) and meets membership certification or accreditation requirements of the Association~~  
45.5 ~~of Recovery Community Organizations the Alliance for Recovery Centered Organizations,~~  
45.6 the Council on Accreditation of Peer Recovery Support Services, or a Minnesota statewide  
45.7 recovery ~~community~~ organization identified by the commissioner is an eligible vendor of  
45.8 peer recovery support services. A Minnesota statewide recovery organization identified by  
45.9 the commissioner must update recovery community organization applicants for certification  
45.10 or accreditation on the status of the application within 45 days of receipt. If the approved  
45.11 statewide recovery organization denies an application, it must provide a written explanation  
45.12 for the denial to the recovery community organization. Eligible vendors under this paragraph  
45.13 must:

45.14 (1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be  
45.15 free from conflicting self-interests, and be autonomous in decision-making, program  
45.16 development, peer recovery support services provided, and advocacy efforts for the purpose  
45.17 of supporting the recovery community organization's mission;

45.18 (2) be led and governed by individuals in the recovery community, with more than 50  
45.19 percent of the board of directors or advisory board members self-identifying as people in  
45.20 personal recovery from substance use disorders;

45.21 (3) ~~primarily focus on recovery from substance use disorders, with missions and visions~~  
45.22 ~~that support this primary focus~~ have a mission statement and conduct corresponding activities  
45.23 indicating that the organization's primary purpose is to support recovery from substance  
45.24 use disorder;

45.25 (4) ~~be grassroots and reflective of and engaged with the community served~~ demonstrate  
45.26 ongoing community engagement with the identified primary region and population served  
45.27 by the organization, including individuals in recovery and their families, friends, and recovery  
45.28 allies;

45.29 (5) be accountable to the recovery community through documented priority-setting and  
45.30 participatory decision-making processes that promote the ~~involvement and~~ engagement of,  
45.31 and consultation with, people in recovery and their families, friends, and recovery allies;

45.32 (6) provide nonclinical peer recovery support services, including but not limited to  
45.33 recovery support groups, recovery coaching, telephone recovery support, skill-building  
45.34 groups, and harm-reduction activities, and provide recovery public education and advocacy;

46.1 (7) have written policies that allow for and support opportunities for all paths toward  
46.2 recovery and refrain from excluding anyone based on their chosen recovery path, which

46.3 may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based  
46.4 paths;

46.5 (8) ~~be purposeful in meeting the diverse~~ maintain organizational practices to meet the  
46.6 needs of Black, Indigenous, and people of color communities, ~~including LGBTQ+~~  
46.7 communities, and other underrepresented or marginalized communities. Organizational  
46.8 practices may include board and staff ~~development activities, organizational practices~~  
46.9 ~~training~~, service offerings, advocacy efforts, and culturally informed outreach and ~~service~~  
46.10 ~~plans~~ services;

46.11 (9) ~~be stewards of~~ use recovery-friendly language in all media and written materials that  
46.12 is supportive of and promotes recovery across diverse geographical and cultural contexts  
46.13 and reduces stigma; ~~and~~

46.14 (10) establish and maintain ~~an employee and volunteer~~ a publicly available recovery  
46.15 community organization code of ethics and ~~easily accessible~~ grievance policy and procedures  
46.16 ~~posted in physical spaces, on websites, or on program policies or forms;~~

46.17 (11) provide an orientation for recovery peers that includes an overview of the consumer  
46.18 advocacy services provided by the Ombudsman for Mental Health and Developmental  
46.19 Disabilities and other relevant advocacy services; and

46.20 (12) provide notice to peer recovery support services participants that includes the  
46.21 following statement: "If you have a complaint about the provider or the person providing  
46.22 your peer recovery support services, you may contact the Minnesota Alliance of Recovery  
46.23 Community Organizations. You may also contact the Office of Ombudsman for Mental  
46.24 Health and Developmental Disabilities." The statement must also include:

46.25 (i) the telephone number, website address, email address, and mailing address of the  
46.26 Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman  
46.27 for Mental Health and Developmental Disabilities;

46.28 (ii) the recovery community organization's name, address, email, telephone number, and  
46.29 name or title of the person at the recovery community organization to whom problems or  
46.30 complaints may be directed; and

46.31 (iii) a statement that the recovery community organization will not retaliate against a  
46.32 peer recovery support services participant because of a complaint.

47.1 (e) A recovery community ~~organizations~~ organization approved by the commissioner  
47.2 before June 30, 2023, ~~shall retain their designation as recovery community organizations~~  
47.3 must have begun the application process as required by an approved certifying or accrediting  
47.4 entity and have begun the process to meet the requirements under paragraph (d) by September  
47.5 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

47.6 (f) A recovery community organization that is aggrieved by an accreditation, certification,  
47.7 or membership determination and believes it meets the requirements under paragraph (d)  
47.8 may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause

47.9 (15), for reconsideration as an eligible vendor. If the human services judge determines that  
47.10 the recovery community organization meets the requirements under paragraph (d), the  
47.11 recovery community organization is an eligible vendor of peer recovery support services.

47.12 (g) Detoxification programs licensed under Minnesota Rules, parts 9530.6510 to  
47.13 9530.6590, are not eligible vendors. Programs that are not licensed as a residential or  
47.14 nonresidential substance use disorder treatment or withdrawal management program by the  
47.15 commissioner or by tribal government or do not meet the requirements of subdivisions 1a  
47.16 and 1b are not eligible vendors.

47.17 (h) Hospitals, federally qualified health centers, and rural health clinics are eligible  
47.18 vendors of a comprehensive assessment when the comprehensive assessment is completed  
47.19 according to section 245G.05 and by an individual who meets the criteria of an alcohol and  
47.20 drug counselor according to section 245G.11, subdivision 5. The alcohol and drug counselor  
47.21 must be individually enrolled with the commissioner and reported on the claim as the  
47.22 individual who provided the service.

47.23 (i) Any complaints about a recovery community organization or peer recovery support  
47.24 services may be made to and reviewed or investigated by the ombudsperson for behavioral  
47.25 health and developmental disabilities under sections 245.91 and 245.94.

47.26 **EFFECTIVE DATE.** This section is effective the day following final enactment, except  
47.27 the amendments adding paragraph (d), clauses (11) and (12), and paragraph (i) are effective  
47.28 July 1, 2025.

47.29 Sec. 9. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended  
47.30 to read:

47.31 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance  
47.32 use disorder services and service enhancements funded under this chapter.

47.33 (b) Eligible substance use disorder treatment services include:

48.1 (1) those licensed, as applicable, according to chapter 245G or applicable Tribal license  
48.2 and provided according to the following ASAM levels of care:

48.3 (i) ASAM level 0.5 early intervention services provided according to section 254B.19,  
48.4 subdivision 1, clause (1);

48.5 (ii) ASAM level 1.0 outpatient services provided according to section 254B.19,  
48.6 subdivision 1, clause (2);

48.7 (iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19,  
48.8 subdivision 1, clause (3);

48.9 (iv) ASAM level 2.5 partial hospitalization services provided according to section  
48.10 254B.19, subdivision 1, clause (4);

- 48.11 (v) ASAM level 3.1 clinically managed low-intensity residential services provided  
48.12 according to section 254B.19, subdivision 1, clause (5);
- 48.13 (vi) ASAM level 3.3 clinically managed population-specific high-intensity residential  
48.14 services provided according to section 254B.19, subdivision 1, clause (6); and
- 48.15 (vii) ASAM level 3.5 clinically managed high-intensity residential services provided  
48.16 according to section 254B.19, subdivision 1, clause (7);
- 48.17 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),  
48.18 and 245G.05;
- 48.19 (3) treatment coordination services provided according to section 245G.07, subdivision  
48.20 1, paragraph (a), clause (5);
- 48.21 (4) peer recovery support services provided according to section 245G.07, subdivision  
48.22 2, clause (8);
- 48.23 (5) withdrawal management services provided according to chapter 245F;
- 48.24 (6) hospital-based treatment services that are licensed according to sections 245G.01 to  
48.25 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to  
48.26 144.56;
- 48.27 (7) adolescent treatment programs that are licensed as outpatient treatment programs  
48.28 according to sections 245G.01 to 245G.18 or as residential treatment programs according  
48.29 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or  
48.30 applicable tribal license;
- 49.1 (8) ASAM 3.5 clinically managed high-intensity residential services that are licensed  
49.2 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which  
49.3 provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7),  
49.4 and are provided by a state-operated vendor or to clients who have been civilly committed  
49.5 to the commissioner, present the most complex and difficult care needs, and are a potential  
49.6 threat to the community; and
- 49.7 (9) room and board facilities that meet the requirements of subdivision 1a.
- 49.8 (c) The commissioner shall establish higher rates for programs that meet the requirements  
49.9 of paragraph (b) and one of the following additional requirements:
- 49.10 (1) programs that serve parents with their children if the program:
- 49.11 (i) provides on-site child care during the hours of treatment activity that:
- 49.12 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter  
49.13 9503; or
- 49.14 (B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

- 49.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that is  
49.16 licensed under chapter 245A as:
- 49.17 (A) a child care center under Minnesota Rules, chapter 9503; or  
49.18 (B) a family child care home under Minnesota Rules, chapter 9502;
- 49.19 (2) culturally specific or culturally responsive programs as defined in section 254B.01,  
49.20 subdivision 4a;
- 49.21 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;
- 49.22 (4) programs that offer medical services delivered by appropriately credentialed health  
49.23 care staff in an amount equal to two hours per client per week if the medical needs of the  
49.24 client and the nature and provision of any medical services provided are documented in the  
49.25 client file; or
- 49.26 (5) programs that offer services to individuals with co-occurring mental health and  
49.27 substance use disorder problems if:
- 49.28 (i) the program meets the co-occurring requirements in section 245G.20;
- 49.29 (ii) 25 percent of the counseling staff are licensed mental health professionals under  
49.30 section 245I.04, subdivision 2, or are students or licensing candidates under the supervision  
49.31 of a licensed alcohol and drug counselor supervisor and mental health professional under  
50.1 section 245I.04, subdivision 2, except that no more than 50 percent of the mental health  
50.2 staff may be students or licensing candidates with time documented to be directly related  
50.3 to provisions of co-occurring services;
- 50.4 (iii) clients scoring positive on a standardized mental health screen receive a mental  
50.5 health diagnostic assessment within ten days of admission;
- 50.6 (iv) the program has standards for multidisciplinary case review that include a monthly  
50.7 review for each client that, at a minimum, includes a licensed mental health professional  
50.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;
- 50.9 (v) family education is offered that addresses mental health and substance use disorder  
50.10 and the interaction between the two; and
- 50.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder  
50.12 training annually.
- 50.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
50.14 that provides arrangements for off-site child care must maintain current documentation at  
50.15 the substance use disorder facility of the child care provider's current licensure to provide  
50.16 child care services.



- 50.17 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,  
50.18 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements  
50.19 in paragraph (c), clause (4), items (i) to (iv).
- 50.20 (f) ~~Subject to federal approval,~~ Substance use disorder services that are otherwise covered  
50.21 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,  
50.22 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to  
50.23 the condition and needs of the person being served. Reimbursement shall be at the same  
50.24 rates and under the same conditions that would otherwise apply to direct face-to-face services.
- 50.25 (g) For the purpose of reimbursement under this section, substance use disorder treatment  
50.26 services provided in a group setting without a group participant maximum or maximum  
50.27 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.  
50.28 At least one of the attending staff must meet the qualifications as established under this  
50.29 chapter for the type of treatment service provided. A recovery peer may not be included as  
50.30 part of the staff ratio.
- 50.31 (h) Payment for outpatient substance use disorder services that are licensed according  
50.32 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless  
50.33 prior authorization of a greater number of hours is obtained from the commissioner.
- 51.1 (i) Payment for substance use disorder services under this section must start from the  
51.2 day of service initiation, when the comprehensive assessment is completed within the  
51.3 required timelines.
- 51.4 (j) Eligible vendors of peer recovery support services must:
- 51.5 (1) submit to a review by the commissioner of up to ten percent of all medical assistance  
51.6 and behavioral health fund claims to determine the medical necessity of peer recovery  
51.7 support services for entities billing for peer recovery support services individually and not  
51.8 receiving a daily rate; and
- 51.9 (2) limit an individual client to 14 hours per week for peer recovery support services  
51.10 from an individual provider of peer recovery support services.
- 51.11 (k) Peer recovery support services not provided in accordance with section 254B.052  
51.12 are subject to monetary recovery under section 256B.064 as money improperly paid.
- 51.13 **EFFECTIVE DATE.** This section is effective January 1, 2025.
- 51.14 Sec. 10. **[254B.052] PEER RECOVERY SUPPORT SERVICES REQUIREMENTS.**
- 51.15 Subdivision 1. **Peer recovery support services; service requirements.** (a) Peer recovery  
51.16 support services are face-to-face interactions between a recovery peer and a client, on a  
51.17 one-on-one basis, in which specific goals identified in an individual recovery plan, treatment  
51.18 plan, or stabilization plan are discussed and addressed. Peer recovery support services are

- 51.19 provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and  
51.20 development of natural supports and to support maintenance of a client's recovery.
- 51.21 (b) Peer recovery support services must be provided according to an individual recovery  
51.22 plan if provided by a recovery community organization or county, a treatment plan if provided  
51.23 in a substance use disorder treatment program under chapter 245G, or a stabilization plan  
51.24 if provided by a withdrawal management program under chapter 245F.
- 51.25 (c) A client receiving peer recovery support services must participate in the services  
51.26 voluntarily. Any program that incorporates peer recovery support services must provide  
51.27 written notice to the client that peer recovery support services will be provided.
- 51.28 (d) Peer recovery support services may not be provided to a client residing with or  
51.29 employed by a recovery peer from whom they receive services.
- 51.30 Subd. 2. **Individual recovery plan.** (a) The individual recovery plan must be developed  
51.31 with the client and must be completed within the first three sessions with a recovery peer.
- 52.1 (b) The recovery peer must document how each session ties into the client's individual  
52.2 recovery plan. The individual recovery plan must be updated as needed. The individual  
52.3 recovery plan must include:
- 52.4 (1) the client's name;
- 52.5 (2) the recovery peer's name;
- 52.6 (3) the name of the recovery peer's supervisor;
- 52.7 (4) the client's recovery goals;
- 52.8 (5) the client's resources and assets to support recovery;
- 52.9 (6) activities that may support meeting identified goals; and
- 52.10 (7) the planned frequency of peer recovery support services sessions between the recovery  
52.11 peer and the client.
- 52.12 Subd. 3. **Eligible vendor documentation requirements.** An eligible vendor of peer  
52.13 recovery support services under section 254B.05, subdivision 1, must keep a secure file for  
52.14 each individual receiving medical assistance peer recovery support services. The file must  
52.15 include, at a minimum:
- 52.16 (1) the client's comprehensive assessment under section 245G.05 that led to the client's  
52.17 referral for peer recovery support services;
- 52.18 (2) the client's individual recovery plan; and
- 52.19 (3) documentation of each billed peer recovery support services interaction between the  
52.20 client and the recovery peer, including the date, start and end time with a.m. and p.m.

54.14 Section 1. Minnesota Statutes 2023 Supplement, section 256.042, subdivision 2, is amended  
54.15 to read:

54.16 Subd. 2. **Membership.** (a) The council shall consist of the following 20 voting members,  
54.17 appointed by the commissioner of human services except as otherwise specified, and ~~three~~  
54.18 four nonvoting members:

54.19 (1) two members of the house of representatives, appointed in the following sequence:  
54.20 the first from the majority party appointed by the speaker of the house and the second from  
54.21 the minority party appointed by the minority leader. Of these two members, one member  
54.22 must represent a district outside of the seven-county metropolitan area, and one member  
54.23 must represent a district that includes the seven-county metropolitan area. The appointment  
54.24 by the minority leader must ensure that this requirement for geographic diversity in  
54.25 appointments is met;

54.26 (2) two members of the senate, appointed in the following sequence: the first from the  
54.27 majority party appointed by the senate majority leader and the second from the minority  
54.28 party appointed by the senate minority leader. Of these two members, one member must  
54.29 represent a district outside of the seven-county metropolitan area and one member must  
54.30 represent a district that includes the seven-county metropolitan area. The appointment by  
54.31 the minority leader must ensure that this requirement for geographic diversity in appointments  
54.32 is met;

55.1 (3) one member appointed by the Board of Pharmacy;

55.2 (4) one member who is a physician appointed by the Minnesota Medical Association;

55.3 (5) one member representing opioid treatment programs, sober living programs, or  
55.4 substance use disorder programs licensed under chapter 245G;

55.5 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an  
55.6 addiction psychiatrist;

55.7 (7) one member representing professionals providing alternative pain management  
55.8 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

55.9 (8) one member representing nonprofit organizations conducting initiatives to address  
55.10 the opioid epidemic, with the commissioner's initial appointment being a member  
55.11 representing the Steve Rummeler Hope Network, and subsequent appointments representing  
55.12 this or other organizations;

52.21 designations, the client's response, and the name of the recovery peer who provided the  
52.22 service.

52.23 **EFFECTIVE DATE.** This section is effective January 1, 2025.

55.13 (9) one member appointed by the Minnesota Ambulance Association who is serving  
55.14 with an ambulance service as an emergency medical technician, advanced emergency  
55.15 medical technician, or paramedic;

55.16 (10) one member representing the Minnesota courts who is a judge or law enforcement  
55.17 officer;

55.18 (11) one public member who is a Minnesota resident and who is in opioid addiction  
55.19 recovery;

55.20 (12) two members representing Indian tribes, one representing the Ojibwe tribes and  
55.21 one representing the Dakota tribes;

55.22 (13) one member representing an urban American Indian community;

55.23 (14) one public member who is a Minnesota resident and who is suffering from chronic  
55.24 pain, intractable pain, or a rare disease or condition;

55.25 (15) one mental health advocate representing persons with mental illness;

55.26 (16) one member appointed by the Minnesota Hospital Association;

55.27 (17) one member representing a local health department; ~~and~~

55.28 (18) the commissioners of human services, health, and corrections, or their designees,  
55.29 who shall be ex officio nonvoting members of the council; and

56.1 (19) the director of the Office of Addiction and Recovery, as specified under section  
56.2 4.046, subdivision 6, or their designee, who shall be an ex officio nonvoting member of the  
56.3 council.

56.4 (b) The commissioner of human services shall coordinate the commissioner's  
56.5 appointments to provide geographic, racial, and gender diversity, and shall ensure that at  
56.6 least one-third of council members appointed by the commissioner reside outside of the  
56.7 seven-county metropolitan area. Of the members appointed by the commissioner, to the  
56.8 extent practicable, at least one member must represent a community of color  
56.9 disproportionately affected by the opioid epidemic.

56.10 (c) The council is governed by section 15.059, except that members of the council shall  
56.11 serve three-year terms and shall receive no compensation other than reimbursement for  
56.12 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

56.13 (d) The chair shall convene the council at least quarterly, and may convene other meetings  
56.14 as necessary. The chair shall convene meetings at different locations in the state to provide  
56.15 geographic access, and shall ensure that at least one-half of the meetings are held at locations  
56.16 outside of the seven-county metropolitan area.

56.17 (e) The commissioner of human services shall provide staff and administrative services  
56.18 for the advisory council.

56.19 (f) The council is subject to chapter 13D.

56.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

56.21 Sec. 2. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended  
56.22 to read:

56.23 Subd. 3. **Appropriations from registration and license fee account.** (a) The  
56.24 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee  
56.25 account on a fiscal year basis in the order specified.

56.26 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs  
56.27 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be  
56.28 made accordingly.

56.29 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate  
56.30 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,  
56.31 community asset mapping, education, and opiate antagonist distribution.

57.1 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal  
57.2 nations and five urban Indian communities for traditional healing practices for American  
57.3 Indians and to increase the capacity of culturally specific providers in the behavioral health  
57.4 workforce.

57.5 (e) \$400,000 is appropriated to the commissioner of human services for competitive  
57.6 grants for opioid-focused Project ECHO programs.

57.7 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the  
57.8 commissioner of human services to administer the funding distribution and reporting  
57.9 requirements in paragraph (o).

57.10 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated  
57.11 to the commissioner of human services for safe recovery sites start-up and capacity building  
57.12 grants under section 254B.18.

57.13 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to  
57.14 the commissioner of human services for the opioid overdose surge alert system under section  
57.15 245.891.

57.16 (i) \$300,000 is appropriated to the commissioner of management and budget for  
57.17 evaluation activities under section 256.042, subdivision 1, paragraph (c).

57.18 (j) \$261,000 is appropriated to the commissioner of human services for the provision of  
57.19 administrative services to the Opiate Epidemic Response Advisory Council and for the  
57.20 administration of the grants awarded under paragraph (n).

57.21 (k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration  
57.22 fees under section 151.066.

52.24 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended  
52.25 to read:

52.26 Subd. 3. **Appropriations from registration and license fee account.** (a) The  
52.27 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee  
52.28 account on a fiscal year basis in the order specified.

52.29 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs  
52.30 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be  
52.31 made accordingly.

53.1 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate  
53.2 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,  
53.3 community asset mapping, education, and opiate antagonist distribution.

53.4 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal  
53.5 nations and five urban Indian communities for traditional healing practices for American  
53.6 Indians and to increase the capacity of culturally specific providers in the behavioral health  
53.7 workforce.

53.8 (e) \$400,000 is appropriated to the commissioner of human services for competitive  
53.9 grants for opioid-focused Project ECHO programs.

53.10 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the  
53.11 commissioner of human services to administer the funding distribution and reporting  
53.12 requirements in paragraph (o).

53.13 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated  
53.14 to the commissioner of human services for safe recovery sites start-up and capacity building  
53.15 grants under section 254B.18.

53.16 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to  
53.17 the commissioner of human services for the opioid overdose surge alert system under section  
53.18 245.891.

53.19 (i) \$300,000 is appropriated to the commissioner of management and budget for  
53.20 evaluation activities under section 256.042, subdivision 1, paragraph (c).

53.21 (j) \$261,000 is appropriated to the commissioner of human services for the provision of  
53.22 administrative services to the Opiate Epidemic Response Advisory Council and for the  
53.23 administration of the grants awarded under paragraph (n).

53.24 (k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration  
53.25 fees under section 151.066.

57.23 (l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of  
57.24 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies  
57.25 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

57.26 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining  
57.27 amount is appropriated to the commissioner of human services for distribution to county  
57.28 social service agencies and Tribal social service agency initiative projects authorized under  
57.29 section 256.01, subdivision 14b, to provide prevention and child protection services to  
57.30 children and families who are affected by addiction. The commissioner shall distribute this  
57.31 money proportionally to county social service agencies and Tribal social service agency  
57.32 initiative projects through a formula based on intake data from the previous three calendar  
57.33 years related to substance use and out-of-home placement episodes where parental drug  
58.1 abuse is the primary a reason for the out-of-home placement using data from the previous  
58.2 calendar year. County social service agencies and Tribal social service agency initiative  
58.3 projects receiving funds from the opiate epidemic response fund must annually report to  
58.4 the commissioner on how the funds were used to provide prevention and child protection  
58.5 services, including measurable outcomes, as determined by the commissioner. County social  
58.6 service agencies and Tribal social service agency initiative projects must not use funds  
58.7 received under this paragraph to supplant current state or local funding received for child  
58.8 protection services for children and families who are affected by addiction.

58.9 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in  
58.10 the account is appropriated to the commissioner of human services to award grants as  
58.11 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
58.12 256.042, unless otherwise appropriated by the legislature.

58.13 (o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service  
58.14 agencies and Tribal social service agency initiative projects under paragraph (m) and grant  
58.15 funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n)  
58.16 may be distributed on a calendar year basis.

58.17 (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs  
58.18 (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

53.26 (l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of  
53.27 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies  
53.28 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

53.29 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining  
53.30 amount is appropriated to the commissioner of human services for distribution to county  
53.31 social service agencies and Tribal social service agency initiative projects authorized under  
53.32 section 256.01, subdivision 14b, to provide prevention and child protection services to  
53.33 children and families who are affected by addiction. The commissioner shall distribute this  
54.1 money proportionally to county social service agencies and Tribal social service agency  
54.2 initiative projects through a formula based on intake data from the previous three calendar  
54.3 years related to substance use and out-of-home placement episodes where parental drug  
54.4 abuse is the primary a reason for the out-of-home placement using data from the previous  
54.5 calendar year. County social service agencies and Tribal social service agency initiative  
54.6 projects receiving funds from the opiate epidemic response fund must annually report to  
54.7 the commissioner on how the funds were used to provide prevention and child protection  
54.8 services, including measurable outcomes, as determined by the commissioner. County social  
54.9 service agencies and Tribal social service agency initiative projects must not use funds  
54.10 received under this paragraph to supplant current state or local funding received for child  
54.11 protection services for children and families who are affected by addiction.

54.12 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in  
54.13 the account is appropriated to the commissioner of human services to award grants as  
54.14 specified by the Opiate Epidemic Response Advisory Council in accordance with section  
54.15 256.042, unless otherwise appropriated by the legislature.

54.16 (o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service  
54.17 agencies and Tribal social service agency initiative projects under paragraph (m) and grant  
54.18 funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n)  
54.19 may be distributed on a calendar year basis.

54.20 (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs  
54.21 (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

54.22 Sec. 12. **[256B.0761] REENTRY DEMONSTRATION WAIVER.**

54.23 Subdivision 1. **Establishment.** The commissioner must submit a waiver application to  
54.24 the Centers for Medicare and Medicaid Services to implement a medical assistance  
54.25 demonstration project to provide health care and coordination services that bridge to  
54.26 community-based services for individuals confined in state, local, or Tribal correctional  
54.27 facilities, or facilities located outside of the seven-county metropolitan area that have an  
54.28 inmate census with a significant proportion of Tribal members or American Indians, prior  
54.29 to community reentry. The demonstration must be designed to:

54.30 (1) increase continuity of coverage;

- 54.31 (2) improve access to health care services, including mental health services, physical  
54.32 health services, and substance use disorder treatment services;
- 55.1 (3) enhance coordination between Medicaid systems, health and human services systems,  
55.2 correctional systems, and community-based providers;
- 55.3 (4) reduce overdoses and deaths following release;
- 55.4 (5) decrease disparities in overdoses and deaths following release; and
- 55.5 (6) maximize health and overall community reentry outcomes.
- 55.6 Subd. 2. **Eligible individuals.** Notwithstanding section 256B.055, subdivision 14,  
55.7 individuals are eligible to receive services under this demonstration if they are eligible under  
55.8 section 256B.055, subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the  
55.9 commissioner in collaboration with correctional facilities, local governments, and Tribal  
55.10 governments.
- 55.11 Subd. 3. **Eligible correctional facilities.** (a) The commissioner's waiver application is  
55.12 limited to:
- 55.13 (1) three state correctional facilities to be determined by the commissioner of corrections,  
55.14 one of which must be the Minnesota Correctional Facility-Shakopee;
- 55.15 (2) two facilities for delinquent children and youth licensed under section 241.021,  
55.16 subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association  
55.17 and the Minnesota Sheriffs' Association;
- 55.18 (3) four correctional facilities for adults licensed under section 241.021, subdivision 1,  
55.19 identified in coordination with the Minnesota Sheriffs' Association and the Association of  
55.20 Minnesota Counties; and
- 55.21 (4) one correctional facility owned and managed by a Tribal government or a facility  
55.22 located outside of the seven-county metropolitan area that has an inmate census with a  
55.23 significant proportion of Tribal members or American Indians.
- 55.24 (b) Additional facilities may be added to the waiver contingent on legislative authorization  
55.25 and appropriations.
- 55.26 Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an  
55.27 individual's release date or, if an individual's confinement is less than 90 days, during the  
55.28 time period between a medical assistance eligibility determination and the release to the  
55.29 community.
- 55.30 (b) Facilities must offer the following services using either community-based or  
55.31 corrections-based providers:
- 56.1 (1) case management activities to address physical and behavioral health needs, including  
56.2 a comprehensive assessment of individual needs, development of a person-centered care

- 56.3 plan, referrals and other activities to address assessed needs, and monitoring and follow-up  
56.4 activities;
- 56.5 (2) drug coverage in accordance with section 256B.0625, subdivision 13, including up  
56.6 to a 30-day supply of drugs upon release;
- 56.7 (3) substance use disorder comprehensive assessments according section 254B.05,  
56.8 subdivision 5, paragraph (b), clause (2);
- 56.9 (4) treatment coordination services according to section 254B.05, subdivision 5, paragraph  
56.10 (b), clause (3);
- 56.11 (5) peer recovery support services according to sections 245I.04, subdivisions 18 and  
56.12 19, and 254B.05, subdivision 5, paragraph (b), clause (4);
- 56.13 (6) substance use disorder individual and group counseling provided according to sections  
56.14 245G.07, subdivision 1, paragraph (a), clause (1); 245G.11, subdivision 5; and 254B.05;
- 56.15 (7) mental health diagnostic assessments as required under section 245I.10;
- 56.16 (8) group and individual psychotherapy as required under section 256B.0671;
- 56.17 (9) peer specialist services as required under sections 245I.04 and 256B.0615;
- 56.18 (10) family planning and obstetrics and gynecology services; and
- 56.19 (11) physical health well-being and screenings and care for adults and youth.
- 56.20 (c) Services outlined in this subdivision must only be authorized when an individual  
56.21 demonstrates medical necessity or other eligibility as required under this chapter or applicable  
56.22 state and federal laws.
- 56.23 Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to  
56.24 applicable licensing and provider requirements under chapters 245A, 245G, 245I, 254B,  
56.25 256B, and 256I.
- 56.26 (b) Service providers must be enrolled to provide services under Minnesota health care  
56.27 programs.
- 56.28 (c) Services must be provided by eligible providers employed by the correctional facility  
56.29 or by eligible community providers under contract with the correctional facility.
- 57.1 (d) The commissioner must determine whether each facility is ready to participate in  
57.2 this demonstration based on a facility-submitted assessment of the facility's readiness to  
57.3 implement:
- 57.4 (1) prerelease medical assistance application and enrollment processes for inmates not  
57.5 enrolled in medical assistance coverage;



- 57.6 (2) the provision or facilitation of all required prerelease services for a period of up to  
57.7 90 days prior to release;
- 57.8 (3) coordination among county and Tribal human services agencies and all other entities  
57.9 with a role in furnishing health care and supports to address health related social needs;
- 57.10 (4) appropriate reentry planning, prerelease care management, and assistance with care  
57.11 transitions to the community;
- 57.12 (5) operational approaches to implementing certain Medicaid and CHIP requirements  
57.13 including applications, suspensions, notices, fair hearings, and reasonable promptness for  
57.14 coverage of services;
- 57.15 (6) a data exchange process to support care coordination and transition activities; and
- 57.16 (7) reporting of all requested data to the commissioner of human services to support  
57.17 program monitoring, evaluation, oversight, and all financial data to meet reinvestment  
57.18 requirements.
- 57.19 (e) Participating facilities must detail reinvestment plans for all new federal Medicaid  
57.20 money expended for reentry services that were previously the responsibility of each facility  
57.21 and provide detailed financial reports to the commissioner.
- 57.22 Subd. 6. **Payment rates.** (a) Payment rates for services under this section that are  
57.23 approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid  
57.24 Services are equal to current and applicable state law and federal requirements.
- 57.25 (b) Case management payment rates are equal to rates authorized by the commissioner  
57.26 for relocation targeted case management under section 256B.0621, subdivision 10.
- 57.27 (c) Claims for covered drugs purchased through discount purchasing programs, such as  
57.28 the Federal Supply Schedule of the United States General Services Administration or the  
57.29 MMCAP Infuse program, must be no more than the actual acquisition cost plus the  
57.30 professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to  
57.31 members must be billed on a professional claim in accordance with section 256B.0625,  
57.32 subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug  
58.1 on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as  
58.2 the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, as  
58.3 the dispensing fee field on the claim with the basis of cost indicator of 08. Providers may  
58.4 establish written protocols for establishing or calculating the facility's actual acquisition  
58.5 drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition  
58.6 drug cost through the discount purchasing program. A written protocol must not include an  
58.7 inflation, markup, spread, or margin to be added to the provider's actual purchase price after  
58.8 subtracting all discounts.
- 58.9 Subd. 7. **Reentry services working group.** (a) The commissioner of human services,  
58.10 in collaboration with the commissioner of corrections, must convene a reentry services

- 58.11 working group to consider ways to improve the demonstration under this section and related  
58.12 policies for justice-involved individuals.
- 58.13 (b) The working group must be composed of balanced representation, including:  
58.14 (1) people with lived experience; and  
58.15 (2) representatives from:  
58.16 (i) community health care providers;  
58.17 (ii) the Minnesota Sheriffs' Association;  
58.18 (iii) the Minnesota Association for County Social Service Administrators;  
58.19 (iv) the Association of Minnesota Counties;  
58.20 (v) the Minnesota Juvenile Detention Association;  
58.21 (vi) the Office of Addiction and Recovery;  
58.22 (vii) NAMI Minnesota;  
58.23 (viii) the Minnesota Association of Resources for Recovery and Chemical Health;  
58.24 (ix) Tribal Nations; and  
58.25 (x) the Minnesota Alliance of Recovery Community Organizations.
- 58.26 (c) The working group must:  
58.27 (1) advise on the waiver application, implementation, monitoring, evaluation, and  
58.28 reinvestment plans;
- 59.1 (2) recommend strategies to improve processes that ensure notifications of the individual's  
59.2 release date, current location, postrelease location, and other relevant information are  
59.3 provided to state, county, and Tribal eligibility systems and managed care organizations;
- 59.4 (3) consider the value of expanding, replicating, or adapting the components of the  
59.5 demonstration authorized under this section to additional populations;
- 59.6 (4) consider information technology and other implementation needs for participating  
59.7 correctional facilities; and
- 59.8 (5) recommend ideas to fund expanded reentry services.
- 59.9 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
59.10 whichever is later, except subdivision 7 is effective July 1, 2024. The commissioner of  
59.11 human services must notify the revisor of statutes when federal approval is obtained.

- 59.12 Sec. 13. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:
- 59.13 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine
- 59.14 when limitation of choice may be implemented in the experimental counties. The criteria
- 59.15 shall ensure that all eligible individuals in the county have continuing access to the full
- 59.16 range of medical assistance services as specified in subdivision 6.
- 59.17 (b) The commissioner shall exempt the following persons from participation in the
- 59.18 project, in addition to those who do not meet the criteria for limitation of choice:
- 59.19 (1) persons eligible for medical assistance according to section 256B.055, subdivision
- 59.20 1;
- 59.21 (2) persons eligible for medical assistance due to blindness or disability as determined
- 59.22 by the Social Security Administration or the state medical review team, unless:
- 59.23 (i) they are 65 years of age or older; or
- 59.24 (ii) they reside in Itasca County or they reside in a county in which the commissioner
- 59.25 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social
- 59.26 Security Act;
- 59.27 (3) recipients who currently have private coverage through a health maintenance
- 59.28 organization;
- 59.29 (4) recipients who are eligible for medical assistance by spending down excess income
- 59.30 for medical expenses other than the nursing facility per diem expense;
- 60.1 (5) recipients who receive benefits under the Refugee Assistance Program, established
- 60.2 under United States Code, title 8, section 1522(e);
- 60.3 (6) children who are both determined to be severely emotionally disturbed and receiving
- 60.4 case management services according to section 256B.0625, subdivision 20, except children
- 60.5 who are eligible for and who decline enrollment in an approved preferred integrated network
- 60.6 under section 245.4682;
- 60.7 (7) adults who are both determined to be seriously and persistently mentally ill and
- 60.8 received case management services according to section 256B.0625, subdivision 20;
- 60.9 (8) persons eligible for medical assistance according to section 256B.057, subdivision
- 60.10 10;
- 60.11 (9) persons with access to cost-effective employer-sponsored private health insurance
- 60.12 or persons enrolled in a non-Medicare individual health plan determined to be cost-effective
- 60.13 according to section 256B.0625, subdivision 15; ~~and~~

60.14 (10) persons who are absent from the state for more than 30 consecutive days but still  
60.15 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision  
60.16 1, paragraph (b); and

60.17 (11) persons who are enrolled in the reentry demonstration waiver under section  
60.18 256B.0761.

60.19 Children under age 21 who are in foster placement may enroll in the project on an elective  
60.20 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective  
60.21 basis. The commissioner may enroll recipients in the prepaid medical assistance program  
60.22 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending  
60.23 down excess income.

60.24 (c) The commissioner may allow persons with a one-month spenddown who are otherwise  
60.25 eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly  
60.26 spenddown to the state.

60.27 (d) The commissioner may require those individuals to enroll in the prepaid medical  
60.28 assistance program who otherwise would have been excluded under paragraph (b), clauses  
60.29 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

60.30 (e) Before limitation of choice is implemented, eligible individuals shall be notified and  
60.31 after notification, shall be allowed to choose only among demonstration providers. The  
60.32 commissioner may assign an individual with private coverage through a health maintenance  
60.33 organization, to the same health maintenance organization for medical assistance coverage,  
61.1 if the health maintenance organization is under contract for medical assistance in the  
61.2 individual's county of residence. After initially choosing a provider, the recipient is allowed  
61.3 to change that choice only at specified times as allowed by the commissioner. If a  
61.4 demonstration provider ends participation in the project for any reason, a recipient enrolled  
61.5 with that provider must select a new provider but may change providers without cause once  
61.6 more within the first 60 days after enrollment with the second provider.

61.7 (f) An infant born to a woman who is eligible for and receiving medical assistance and  
61.8 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to  
61.9 the month of birth in the same managed care plan as the mother once the child is enrolled  
61.10 in medical assistance unless the child is determined to be excluded from enrollment in a  
61.11 prepaid plan under this section.

61.12 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
61.13 whichever is later. The commissioner of human services must notify the revisor of statutes  
61.14 when federal approval is obtained.

61.15 Sec. 14. Minnesota Statutes 2023 Supplement, section 256B.761, is amended to read:

61.16 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

61.17 (a) Effective for services rendered on or after July 1, 2001, payment for medication  
61.18 management provided to psychiatric patients, outpatient mental health services, day treatment

61.19 services, home-based mental health services, and family community support services shall  
61.20 be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of  
61.21 1999 charges.

61.22 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health  
61.23 services provided by an entity that operates: (1) a Medicare-certified comprehensive  
61.24 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993,  
61.25 with at least 33 percent of the clients receiving rehabilitation services in the most recent  
61.26 calendar year who are medical assistance recipients, will be increased by 38 percent, when  
61.27 those services are provided within the comprehensive outpatient rehabilitation facility and  
61.28 provided to residents of nursing facilities owned by the entity.

61.29 (c) In addition to rate increases otherwise provided, the commissioner may restructure  
61.30 coverage policy and rates to improve access to adult rehabilitative mental health services  
61.31 under section 256B.0623 and related mental health support services under section 256B.021,  
61.32 subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected  
61.33 state share of increased costs due to this paragraph is transferred from adult mental health  
62.1 grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent  
62.2 base adjustment for subsequent fiscal years. Payments made to managed care plans and  
62.3 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect  
62.4 the rate changes described in this paragraph.

62.5 (d) Any ratables effective before July 1, 2015, do not apply to early intensive  
62.6 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

62.7 (e) Effective for services rendered on or after January 1, 2024, payment rates for  
62.8 behavioral health services included in the rate analysis required by Laws 2021, First Special  
62.9 Session chapter 7, article 17, section 18, except for adult day treatment services under section  
62.10 256B.0671, subdivision 3; and early intensive developmental and behavioral intervention  
62.11 services under section 256B.0949; ~~and substance use disorder services under chapter 254B,~~  
62.12 must be increased by three percent from the rates in effect on December 31, 2023. Effective  
62.13 for services rendered on or after January 1, 2025, payment rates for behavioral health services  
62.14 included in the rate analysis required by Laws 2021, First Special Session chapter 7, article  
62.15 17, section 18, except for adult day treatment services under section 256B.0671, subdivision  
62.16 3; and early intensive developmental behavioral intervention services under section  
62.17 256B.0949; ~~and substance use disorder services under chapter 254B,~~ must be annually  
62.18 adjusted according to the change from the midpoint of the previous rate year to the midpoint  
62.19 of the rate year for which the rate is being determined using the Centers for Medicare and  
62.20 Medicaid Services Medicare Economic Index as forecasted in the fourth quarter of the  
62.21 calendar year before the rate year. For payments made in accordance with this paragraph,  
62.22 if and to the extent that the commissioner identifies that the state has received federal  
62.23 financial participation for behavioral health services in excess of the amount allowed under  
62.24 United States Code, title 42, section 447.321, the state shall repay the excess amount to the  
62.25 Centers for Medicare and Medicaid Services with state money and maintain the full payment  
62.26 rate under this paragraph. This paragraph does not apply to federally qualified health centers,

62.27 rural health centers, Indian health services, certified community behavioral health clinics,  
62.28 cost-based rates, and rates that are negotiated with the county. This paragraph expires upon  
62.29 legislative implementation of the new rate methodology resulting from the rate analysis  
62.30 required by Laws 2021, First Special Session chapter 7, article 17, section 18.

62.31 (f) Effective January 1, 2024, the commissioner shall increase capitation payments made  
62.32 to managed care plans and county-based purchasing plans to reflect the behavioral health  
62.33 service rate increase provided in paragraph (e). Managed care and county-based purchasing  
62.34 plans must use the capitation rate increase provided under this paragraph to increase payment  
62.35 rates to behavioral health services providers. The commissioner must monitor the effect of  
63.1 this rate increase on enrollee access to behavioral health services. If for any contract year  
63.2 federal approval is not received for this paragraph, the commissioner must adjust the  
63.3 capitation rates paid to managed care plans and county-based purchasing plans for that  
63.4 contract year to reflect the removal of this provision. Contracts between managed care plans  
63.5 and county-based purchasing plans and providers to whom this paragraph applies must  
63.6 allow recovery of payments from those providers if capitation rates are adjusted in accordance  
63.7 with this paragraph. Payment recoveries must not exceed the amount equal to any increase  
63.8 in rates that results from this provision.

63.9 **EFFECTIVE DATE.** This section is effective July 1, 2024.

63.10 Sec. 15. Laws 2023, chapter 61, article 9, section 2, subdivision 18, is amended to read:

63.11 Subd. 18. **Grant Programs; Chemical**  
63.12 **Dependency Treatment Support Grants**

63.13 Appropriations by Fund

63.14 General	54,691,000	5,342,000
63.15 Lottery Prize	1,733,000	1,733,000

63.16 (a) **Culturally Specific Recovery**  
63.17 **Community Organization Start-Up Grants.**  
63.18 \$4,000,000 in fiscal year 2024 is for culturally  
63.19 specific recovery community organization  
63.20 start-up grants. Notwithstanding Minnesota  
63.21 Statutes, section 16A.28, this appropriation is  
63.22 available until June 30, 2027. This is a onetime  
63.23 appropriation.

63.24 (b) **Safe Recovery Sites.** \$14,537,000 in fiscal  
63.25 year 2024 is from the general fund for start-up  
63.26 and capacity-building grants for organizations  
63.27 to establish safe recovery sites.

63.28 Notwithstanding Minnesota Statutes, section  
63.29 16A.28, this appropriation is onetime and is  
63.30 available until June 30, 2029.

63.31 **(c) Technical Assistance for Culturally**  
63.32 **Specific Organizations; Culturally Specific**  
63.33 **Services Grants.** \$4,000,000 in fiscal year  
63.34 2024 is for grants to culturally specific  
64.1 providers for technical assistance navigating  
64.2 culturally specific and responsive substance  
64.3 use and recovery programs. Notwithstanding  
64.4 Minnesota Statutes, section 16A.28, this  
64.5 appropriation is available until June 30, 2027.

64.6 **(d) Technical Assistance for Culturally**  
64.7 **Specific Organizations; Culturally Specific**  
64.8 **Grant Development Training.** \$400,000 in  
64.9 fiscal year 2024 is for grants for up to four  
64.10 trainings for community members and  
64.11 culturally specific providers for grant writing  
64.12 training for substance use and recovery-related  
64.13 grants. Notwithstanding Minnesota Statutes,  
64.14 section 16A.28, this is a onetime appropriation  
64.15 and is available until June 30, 2027.

64.16 **(e) Harm Reduction Supplies for Tribal and**  
64.17 **Culturally Specific Programs.** \$7,597,000  
64.18 in fiscal year 2024 is from the general fund to  
64.19 provide sole source grants to culturally  
64.20 specific communities to purchase syringes,  
64.21 testing supplies, and opiate antagonists.  
64.22 Notwithstanding Minnesota Statutes, section  
64.23 16A.28, this appropriation is available until  
64.24 June 30, 2027. This is a onetime appropriation.

64.25 **(f) Families and Family Treatment**  
64.26 **Capacity-Building and Start-Up Grants.**  
64.27 \$10,000,000 in fiscal year 2024 is from the  
64.28 general fund for start-up and capacity-building  
64.29 grants for family substance use disorder  
64.30 treatment programs. Notwithstanding  
64.31 Minnesota Statutes, section 16A.28, this  
64.32 appropriation is available until June 30, 2029.  
64.33 This is a onetime appropriation.

64.34 (g) **Start-Up and Capacity Building Grants**  
64.35 **for Withdrawal Management.** \$500,000 in  
65.1 fiscal year 2024 and \$1,000,000 in fiscal year  
65.2 2025 are for start-up and capacity building  
65.3 grants for withdrawal management.

65.4 (h) **Recovery Community Organization**  
65.5 **Grants.** \$4,300,000 in fiscal year 2024 is from  
65.6 the general fund for grants to recovery  
65.7 community organizations, as defined in  
65.8 Minnesota Statutes, section 254B.01,  
65.9 subdivision 8, that are current grantees as of  
65.10 June 30, 2023. This is a onetime appropriation  
65.11 and is available until June 30, 2025.

65.12 (i) **Opioid Overdose Prevention Grants.**

65.13 (1) \$125,000 in fiscal year 2024 and \$125,000  
65.14 in fiscal year 2025 are from the general fund  
65.15 for a grant to Ka Joog, a nonprofit organization  
65.16 in Minneapolis, Minnesota, to be used for  
65.17 collaborative outreach, education, and training  
65.18 on opioid use and overdose, and distribution  
65.19 of opiate antagonist kits in East African and  
65.20 Somali communities in Minnesota. This is a  
65.21 onetime appropriation.

65.22 (2) \$125,000 in fiscal year 2024 and \$125,000  
65.23 in fiscal year 2025 are from the general fund  
65.24 for a grant to the Steve Rummeler Hope  
65.25 Network to be used for statewide outreach,  
65.26 education, and training on opioid use and  
65.27 overdose, and distribution of opiate antagonist  
65.28 kits. This is a onetime appropriation.

65.29 (3) \$250,000 in fiscal year 2024 and \$250,000  
65.30 in fiscal year 2025 are from the general fund  
65.31 for a grant to African Career Education and  
65.32 Resource, Inc. to be used for collaborative  
65.33 outreach, education, and training on opioid  
65.34 use and overdose, and distribution of opiate  
66.1 antagonist kits. This is a onetime  
66.2 appropriation.

66.3 (j) **Problem Gambling.** \$225,000 in fiscal  
66.4 year 2024 and \$225,000 in fiscal year 2025



66.5 are from the lottery prize fund for a grant to a  
66.6 state affiliate recognized by the National  
66.7 Council on Problem Gambling. The affiliate  
66.8 must provide services to increase public  
66.9 awareness of problem gambling, education,  
66.10 training for individuals and organizations that  
66.11 provide effective treatment services to problem  
66.12 gamblers and their families, and research  
66.13 related to problem gambling.

66.14 (k) **Project ECHO.** \$1,310,000 in fiscal year  
66.15 2024 and \$1,295,000 in fiscal year 2025 are  
66.16 from the general fund for a grant to Hennepin  
66.17 Healthcare to expand the Project ECHO  
66.18 program. The grant must be used to establish  
66.19 at least four substance use disorder-focused  
66.20 Project ECHO programs at Hennepin  
66.21 Healthcare, expanding the grantee's capacity  
66.22 to improve health and substance use disorder  
66.23 outcomes for diverse populations of  
66.24 individuals enrolled in medical assistance,  
66.25 including but not limited to immigrants,  
66.26 individuals who are homeless, individuals  
66.27 seeking maternal and perinatal care, and other  
66.28 underserved populations. The Project ECHO  
66.29 programs funded under this section must be  
66.30 culturally responsive, and the grantee must  
66.31 contract with culturally and linguistically  
66.32 appropriate substance use disorder service  
66.33 providers who have expertise in focus areas,  
66.34 based on the populations served. Grant funds  
66.35 may be used for program administration,  
67.1 equipment, provider reimbursement, and  
67.2 staffing hours. This is a onetime appropriation  
67.3 and is available until June 30, 2027.

67.4 (l) **White Earth Nation Substance Use**  
67.5 **Disorder Digital Therapy Tool.** \$3,000,000  
67.6 in fiscal year 2024 is from the general fund  
67.7 for a grant to the White Earth Nation to  
67.8 develop an individualized Native American  
67.9 centric digital therapy tool with Pathfinder  
67.10 Solutions. This is a onetime appropriation.  
67.11 The grant must be used to:

67.12 (1) develop a mobile application that is  
67.13 culturally tailored to connecting substance use  
67.14 disorder resources with White Earth Nation  
67.15 members;

67.16 (2) convene a planning circle with White Earth  
67.17 Nation members to design the tool;

67.18 (3) provide and expand White Earth  
67.19 Nation-specific substance use disorder  
67.20 services; and

67.21 (4) partner with an academic research  
67.22 institution to evaluate the efficacy of the  
67.23 program.

67.24 (m) **Wellness in the Woods.** \$300,000 in  
67.25 fiscal year 2024 and \$300,000 in fiscal year  
67.26 2025 are from the general fund for a grant to  
67.27 Wellness in the Woods for daily peer support  
67.28 and special sessions for individuals who are  
67.29 in substance use disorder recovery, are  
67.30 transitioning out of incarceration, or who have  
67.31 experienced trauma. These are onetime  
67.32 appropriations.

68.1 (n) **Base Level Adjustment.** The general fund  
68.2 base is \$3,247,000 in fiscal year 2026 and  
68.3 \$3,247,000 in fiscal year 2027.

68.4 Sec. 16. **DIRECTION TO OMBUDSMAN FOR MENTAL HEALTH AND**  
68.5 **DEVELOPMENTAL DISABILITIES.**

68.6 By September 30, 2025, the ombudsman for mental health and developmental disabilities  
68.7 must provide a report to the governor and the chairs and ranking minority members of the  
68.8 legislative committees with jurisdiction over human services that contains summary  
68.9 information on complaints received regarding peer recovery support services provided by  
68.10 a recovery community organization as defined in Minnesota Statutes, section 254B.01, and  
68.11 any recommendations to the legislature to improve the quality of peer recovery support  
68.12 services, recovery peer worker misclassification, and peer recovery support services billing  
68.13 codes and procedures.

68.14 Sec. 17. **PEER RECOVERY SUPPORT SERVICES AND RECOVERY**  
68.15 **COMMUNITY ORGANIZATION WORKING GROUP.**

68.16 Subdivision 1. **Establishment; duties.** The commissioner of human services must  
68.17 convene a working group to develop recommendations on:

68.18 (1) peer recovery support services billing rates and practices, including a billing model  
68.19 for providing services to groups of up to four clients and groups larger than four clients at  
68.20 one time;

68.21 (2) acceptable activities to bill for peer recovery services, including group activities and  
68.22 transportation related to individual recovery plans;

68.23 (3) ways to address authorization for additional service hours and a review of the amount  
68.24 of peer recovery support services clients may need;

68.25 (4) improving recovery peer supervision and reimbursement for the costs of providing  
68.26 recovery peer supervision for provider organizations;

68.27 (5) certification or other regulation of recovery community organizations and recovery  
68.28 peers; and

68.29 (6) policy and statutory changes to improve access to peer recovery support services  
68.30 and increase oversight of provider organizations.

69.1 Subd. 2. **Membership; meetings.** (a) Members of the working group must include but  
69.2 not be limited to:

69.3 (1) a representative of the Minnesota Alliance of Recovery Community Organizations;

69.4 (2) a representative of the Minnesota Association of Resources for Recovery and  
69.5 Chemical Health;

69.6 (3) representatives from at least three recovery community organizations who are eligible  
69.7 vendors of peer recovery support services under Minnesota Statutes, section 254B.05,  
69.8 subdivision 1;

69.9 (4) at least two currently practicing recovery peers qualified under Minnesota Statutes,  
69.10 section 245I.04, subdivision 18;

69.11 (5) at least two individuals currently providing supervision for recovery peers according  
69.12 to Minnesota Statutes, section 245I.04, subdivision 19;

69.13 (6) the commissioner of human services or a designee;

69.14 (7) a representative of county social services agencies; and

69.15 (8) a representative of a Tribal social services agency.

69.16 (b) Members of the working group may include a representative of the Alliance for  
69.17 Recovery Centered Organizations and a representative of the Council on Accreditation of  
69.18 Peer Recovery Support Services.

69.19 (c) The commissioner of human services must make appointments to the working group  
69.20 by October 1, 2024, and convene the first meeting of the working group by December 1,  
69.21 2024.

69.22 (d) The commissioner of human services must provide administrative support and meeting  
69.23 space for the working group. The working group may conduct meetings remotely.

69.24 Subd. 3. **Report.** The commissioner must complete and submit a report on the  
69.25 recommendations in this section to the chairs and ranking minority members of the legislative  
69.26 committees with jurisdiction over health and human services policy and finance on or before  
69.27 August 1, 2025.

69.28 Subd. 4. **Expiration.** The working group expires upon submission of the report to the  
69.29 legislature under subdivision 3.

70.1 Sec. 18. **CAPACITY BUILDING AND IMPLEMENTATION GRANTS FOR THE**  
70.2 **MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

70.3 The commissioner of human services must establish capacity-building grants for eligible  
70.4 local correctional facilities as they prepare to implement reentry demonstration services  
70.5 under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant  
70.6 include:

70.7 (1) developing, in coordination with incarcerated individuals and community members  
70.8 with lived experience, processes and protocols listed under Minnesota Statutes, section  
70.9 256B.0761, subdivision 5, paragraph (d);

70.10 (2) establishing or modifying information technology systems to support implementation  
70.11 of the reentry demonstration waiver;

70.12 (3) personnel costs; and

70.13 (4) other expenses as determined by the commissioner.

70.14 Sec. 19. **1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY**  
70.15 **DEMONSTRATION.**

70.16 The commissioner of human services must submit an application to the United States  
70.17 Secretary of Health and Human Services to implement a medical assistance reentry  
70.18 demonstration that covers services for incarcerated individuals as described under Minnesota  
70.19 Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval  
70.20 of the demonstration and the required implementation and reinvestment plans.

- 70.21    Sec. 20. **REPEALER.**
- 70.22    **Minnesota Statutes 2022, section 256.043, subdivision 4, is repealed.**
- 70.23    **EFFECTIVE DATE.** This section is effective July 1, 2024.