

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2901

- 03/10/2016 Authored by Albright and Fischer
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/29/2016 Adoption of Report: Placed on the General Register
Read Second Time
- 04/25/2016 Referred to the Chief Clerk for Comparison with S. F. No. 2498
- 04/26/2016 Postponed Indefinitely

1.1 A bill for an act
 1.2 relating to human services; modifying screening requirements for co-occurring
 1.3 mental health and chemical dependency disorders; amending Minnesota Statutes
 1.4 2014, section 245.4863.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2014, section 245.4863, is amended to read:

1.7 **245.4863 INTEGRATED ~~DUAL-DIAGNOSIS~~ CO-OCCURRING DISORDER**
 1.8 **TREATMENT.**

1.9 (a) The commissioner shall require individuals who perform chemical dependency
 1.10 assessments ~~or mental health diagnostic assessments to use screening tools approved~~
 1.11 ~~by the commissioner in order to identify whether an individual who is the subject of~~
 1.12 ~~the assessment screens positive for co-occurring mental health or chemical dependency~~
 1.13 ~~disorders. Screening for co-occurring disorders must begin no later than December 31,~~
 1.14 ~~2011~~ to screen clients for co-occurring mental health disorders, and staff who perform
 1.15 mental health diagnostic assessments to screen for co-occurring substance use disorders.
 1.16 Screening tools must be approved by the commissioner. If a client screens positive for
 1.17 a co-occurring mental health or substance use disorder, the individual performing the
 1.18 screening must document what actions will be taken in response to the results and whether
 1.19 further assessments must be performed.

1.20 (b) Notwithstanding paragraph (a), screening is not required when:

1.21 (1) the presence of co-occurring disorders was documented for the client in the
 1.22 past 12 months;

1.23 (2) the client is currently receiving co-occurring disorders treatment;

1.24 (3) the client is being referred for co-occurring disorders treatment; or

2.1 (4) a mental health professional, as defined in Minnesota Rules, part 9505.0370,
2.2 subpart 18, who is competent to perform diagnostic assessments of co-occurring disorders
2.3 is performing a diagnostic assessment that meets the requirements in Minnesota Rules, part
2.4 9533.0090, subpart 5, to identify whether the client may have co-occurring mental health
2.5 and chemical dependency disorders. If an individual is identified to have co-occurring
2.6 mental health and substance use disorders, the assessing mental health professional must
2.7 document what actions will be taken to address the client's co-occurring disorders.

2.8 (c) The commissioner shall adopt rules as necessary to implement this section. The
2.9 commissioner shall ensure that the rules are effective on July 1, 2013, thereby establishing
2.10 a certification process for integrated dual disorder treatment providers and a system
2.11 through which individuals receive integrated dual diagnosis treatment if assessed as having
2.12 both a substance use disorder and either a serious mental illness or emotional disturbance.

2.13 ~~(e)~~ (d) The commissioner shall apply for any federal waivers necessary to secure, to
2.14 the extent allowed by law, federal financial participation for the provision of integrated
2.15 dual diagnosis treatment to persons with co-occurring disorders.