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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 616

01/31/2019 Authored by Loeffler, Halverson, Baker, Cantrell, Schomacker and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; modifying provision governing mental health;
1.3 appropriating money; amending Minnesota Statutes 2018, sections 245.4889,
1.4 subdivision 1; 256B.0622, subdivision 2a; 256B.0915, subdivision 3b.

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

1.6 Section 1. Minnesota Statutes 2018, section 245.4889, subdivision 1, is amended to read:

1.7 Subdivision 1. Establishment and authority. (a) The commissioner is authorized to
1.8 make grants from available appropriations to assist:

1.9 (1) counties;

1.10 (2) Indian tribes;

1.11 (3) children's collaboratives under section 124D.23 or 245.493; or

1.12 (4) mental health service providers.

1.13 (b) The following services are eligible for grants under this section:

1.14 (1) services to children with emotional disturbances as defined in section 245.4871,
1.15 subdivision 15, and their families;

1.16 (2) transition services under section 245.4875, subdivision 8, for young adults under
1.17 age 21 and their families;

1.18 (3) respite care services for children with severe emotional disturbances who are at risk
1.19 of out-of-home placement;

1.20 (4) children's mental health crisis services;

- 2.1 (5) mental health services for people from cultural and ethnic minorities;
- 2.2 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 2.3 (7) services to promote and develop the capacity of providers to use evidence-based  
2.4 practices in providing children's mental health services;
- 2.5 (8) school-linked mental health services, including transportation for children receiving  
2.6 school-linked mental health services when school is not in session;
- 2.7 (9) building evidence-based mental health intervention capacity for children birth to age  
2.8 five;
- 2.9 (10) suicide prevention and counseling services that use text messaging statewide;
- 2.10 (11) mental health first aid training;
- 2.11 (12) training for parents, collaborative partners, and mental health providers on the  
2.12 impact of adverse childhood experiences and trauma and development of an interactive  
2.13 website to share information and strategies to promote resilience and prevent trauma;
- 2.14 (13) transition age services to develop or expand mental health treatment and supports  
2.15 for adolescents and young adults 26 years of age or younger;
- 2.16 (14) early childhood mental health consultation;
- 2.17 (15) evidence-based interventions for youth at risk of developing or experiencing a first  
2.18 episode of psychosis, and a public awareness campaign on the signs and symptoms of  
2.19 psychosis;
- 2.20 (16) psychiatric consultation for primary care practitioners; ~~and~~
- 2.21 (17) providers to begin operations and meet program requirements when establishing a  
2.22 new children's mental health program. These may be start-up grants; and
- 2.23 (18) evidence-based interventions for youth at risk of developing or experiencing a first  
2.24 episode of a mood disorder and a public awareness campaign on the signs and symptoms  
2.25 of mood disorders.
- 2.26 (c) Services under paragraph (b) must be designed to help each child to function and  
2.27 remain with the child's family in the community and delivered consistent with the child's  
2.28 treatment plan. Transition services to eligible young adults under this paragraph must be  
2.29 designed to foster independent living in the community.

3.1 Sec. 2. Minnesota Statutes 2018, section 256B.0622, subdivision 2a, is amended to read:

3.2 Subd. 2a. **Eligibility for assertive community treatment.** An eligible client for assertive  
3.3 community treatment is an individual who meets the following criteria as assessed by an  
3.4 ACT team:

3.5 (1) is age 18 or older. Individuals ages 16 and 17 may be eligible upon approval by the  
3.6 commissioner;

3.7 (2) has a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive  
3.8 disorder ~~with psychotic features~~, other psychotic disorders, or bipolar disorder. Individuals  
3.9 with other psychiatric illnesses may qualify for assertive community treatment if they have  
3.10 a serious mental illness and meet the criteria outlined in clauses (3) and (4), but no more  
3.11 than ten percent of an ACT team's clients may be eligible based on this criteria. Individuals  
3.12 with a primary diagnosis of a substance use disorder, intellectual developmental disabilities,  
3.13 borderline personality disorder, antisocial personality disorder, traumatic brain injury, or  
3.14 an autism spectrum disorder are not eligible for assertive community treatment;

3.15 (3) has significant functional impairment as demonstrated by at least one of the following  
3.16 conditions:

3.17 (i) significant difficulty consistently performing the range of routine tasks required for  
3.18 basic adult functioning in the community or persistent difficulty performing daily living  
3.19 tasks without significant support or assistance;

3.20 (ii) significant difficulty maintaining employment at a self-sustaining level or significant  
3.21 difficulty consistently carrying out the head-of-household responsibilities; or

3.22 (iii) significant difficulty maintaining a safe living situation;

3.23 (4) has a need for continuous high-intensity services as evidenced by at least two of the  
3.24 following:

3.25 (i) two or more psychiatric hospitalizations or residential crisis stabilization services in  
3.26 the previous 12 months;

3.27 (ii) frequent utilization of mental health crisis services in the previous six months;

3.28 (iii) 30 or more consecutive days of psychiatric hospitalization in the previous 24 months;

3.29 (iv) intractable, persistent, or prolonged severe psychiatric symptoms;

3.30 (v) coexisting mental health and substance use disorders lasting at least six months;

4.1 (vi) recent history of involvement with the criminal justice system or demonstrated risk  
4.2 of future involvement;

4.3 (vii) significant difficulty meeting basic survival needs;

4.4 (viii) residing in substandard housing, experiencing homelessness, or facing imminent  
4.5 risk of homelessness;

4.6 (ix) significant impairment with social and interpersonal functioning such that basic  
4.7 needs are in jeopardy;

4.8 (x) coexisting mental health and physical health disorders lasting at least six months;

4.9 (xi) residing in an inpatient or supervised community residence but clinically assessed  
4.10 to be able to live in a more independent living situation if intensive services are provided;

4.11 (xii) requiring a residential placement if more intensive services are not available; or

4.12 (xiii) difficulty effectively using traditional office-based outpatient services;

4.13 (5) there are no indications that other available community-based services would be  
4.14 equally or more effective as evidenced by consistent and extensive efforts to treat the  
4.15 individual; and

4.16 (6) in the written opinion of a licensed mental health professional, has the need for mental  
4.17 health services that cannot be met with other available community-based services, or is  
4.18 likely to experience a mental health crisis or require a more restrictive setting if assertive  
4.19 community treatment is not provided.

4.20 Sec. 3. Minnesota Statutes 2018, section 256B.0915, subdivision 3b, is amended to read:

4.21 Subd. 3b. **Cost limits for elderly waiver applicants who reside in a nursing facility.** (a)  
4.22 For a person who is a nursing facility resident at the time of requesting a determination of  
4.23 eligibility for elderly waived services, a monthly conversion budget limit for the cost of  
4.24 elderly waived services may be requested. The monthly conversion budget limit for the  
4.25 cost of elderly waiver services shall be ~~the resident class assigned under Minnesota Rules,~~  
4.26 ~~parts 9549.0050 to 9549.0059, for that resident in the nursing facility where the resident~~  
4.27 ~~currently resides until July 1 of the state fiscal year in which the resident assessment system~~  
4.28 ~~as described in section 256B.438 for nursing home rate determination is implemented.~~  
4.29 ~~Effective on July 1 of the state fiscal year in which the resident assessment system as~~  
4.30 ~~described in section 256B.438 for nursing home rate determination is implemented, the~~  
4.31 ~~monthly conversion budget limit for the cost of elderly waiver services shall be based on~~  
4.32 the per diem nursing facility rate as determined by the resident assessment system as

5.1 described in section 256B.438 for residents in the nursing facility where the elderly waiver  
5.2 applicant currently resides. The monthly conversion budget limit shall be calculated by  
5.3 multiplying the per diem by 365, divided by 12, and reduced by the recipient's maintenance  
5.4 needs allowance as described in subdivision 1d. The initially approved monthly conversion  
5.5 budget limit shall be adjusted annually as described in subdivision 3a, paragraph (a). The  
5.6 limit under this ~~subdivision~~ paragraph only applies to persons discharged from a nursing  
5.7 facility after a minimum 30-day stay and found eligible for waived services on or after  
5.8 July 1, 1997. For conversions from the nursing home to the elderly waiver with consumer  
5.9 directed community support services, the nursing facility per diem used to calculate the  
5.10 monthly conversion budget limit must be reduced by a percentage equal to the percentage  
5.11 difference between the consumer directed services budget limit that would be assigned  
5.12 according to the federally approved waiver plan and the corresponding community case  
5.13 mix cap, but not to exceed 50 percent.

5.14 (b) A person who meets elderly waiver eligibility criteria and the eligibility criteria under  
5.15 section 256.478, subdivision 1, is eligible for a special monthly budget limit for the cost of  
5.16 elderly waived services up to \$21,610 per month. The special monthly budget limit shall  
5.17 be adjusted annually as described in subdivision 3a, paragraphs (a) and (e). For persons  
5.18 using a special monthly budget limit under the elderly waiver with consumer-directed  
5.19 community support services, the special monthly budget limit must be reduced as described  
5.20 in paragraph (a).

5.21 (c) The commissioner may provide an additional payment for documented costs between  
5.22 a threshold determined by the commissioner and the special monthly budget limit to a  
5.23 managed care plan for elderly waiver services provided to a person who is:

5.24 (1) eligible for a special monthly budget limit under paragraph (b); and

5.25 (2) enrolled in a managed care plan that provides elderly waiver services under section  
5.26 256B.69.

5.27 (d) For monthly conversion budget limits under paragraph (a) and special monthly budget  
5.28 limits under paragraph (b), the service rate limits for adult foster care under subdivision 3d  
5.29 and for customized living services under subdivision 3e may be exceeded if necessary for  
5.30 the provider to meet identified needs and provide services as approved in the coordinated  
5.31 service and support plan, providing that the total cost of all services does not exceed the  
5.32 monthly conversion or special monthly budget limit. Service rates shall be established using  
5.33 tools provided by the commissioner.

6.1 (e) The following costs must be included in determining the total monthly costs for the  
 6.2 waiver client:

6.3 (1) cost of all waived services, including specialized supplies and equipment and  
 6.4 environmental accessibility adaptations; and

6.5 (2) cost of skilled nursing, home health aide, and personal care services reimbursable  
 6.6 by medical assistance.

6.7 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner  
 6.8 of human services shall notify the revisor of statutes once federal approval is obtained.

6.9 Sec. 4. **APPROPRIATION; ASSERTIVE COMMUNITY TREATMENT TEAM.**

6.10 \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the general  
 6.11 fund to the commissioner of human services for adult mental health grants under Minnesota  
 6.12 Statutes, section 256B.0622, subdivision 12, to expand assertive community treatment and  
 6.13 forensic assertive community treatment services. This appropriation is added to the base.

6.14 Sec. 5. **APPROPRIATION; FIRST PSYCHOTIC EPISODE.**

6.15 (a) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the  
 6.16 general fund to the commissioner of human services for grants under Minnesota Statutes,  
 6.17 section 245.4889, subdivision 1, paragraph (b), clause (15). This amount is added to the  
 6.18 base.

6.19 (b) Money must be used to:

6.20 (1) provide intensive treatment and supports to adolescents and adults experiencing or  
 6.21 at risk of a first psychotic episode. Intensive treatment and support includes medication  
 6.22 management, psychoeducation for the individual and family, case management, employment  
 6.23 supports, education supports, cognitive behavioral approaches, social skills training, peer  
 6.24 support, crisis planning, and stress management. Projects must use all available funding  
 6.25 streams;

6.26 (2) conduct outreach, training, and guidance to mental health and health care  
 6.27 professionals, including postsecondary health clinics, on early psychosis symptoms, screening  
 6.28 tools, and best practices; and

6.29 (3) ensure access to first psychotic episode psychosis services under this section, including  
 6.30 ensuring access for individuals who live in rural areas.

7.1 (c) Money may also be used to pay for housing or travel or to address other barriers to  
7.2 individuals and their families participating in first psychotic episode services.

7.3 **Sec. 6. APPROPRIATION; FIRST EPISODE MOOD DISORDER PROGRAM.**

7.4 (a) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the  
7.5 general fund to the commissioner of human services to fund grants under Minnesota Statutes,  
7.6 section 245.4889, subdivision 1, paragraph (b), clause (18). This amount is added to the  
7.7 base.

7.8 (b) Money must be used to:

7.9 (1) provide intensive treatment and supports to adolescents and adults experiencing or  
7.10 at risk of a first episode of a mood disorder. Intensive treatment and support includes  
7.11 medication management, psychoeducation for the individual and family, case management,  
7.12 employment supports, education supports, cognitive behavioral approaches, social skills  
7.13 training, peer support, crisis planning, and stress management. Projects must use all available  
7.14 funding streams;

7.15 (2) conduct outreach, training, and guidance to mental health and health care  
7.16 professionals, including postsecondary health clinics, on early symptoms of mood disorders,  
7.17 screening tools, and best practices; and

7.18 (3) ensure access to first psychotic episode mood disorder services under this section,  
7.19 including ensuring access for individuals who live in rural areas.

7.20 (c) Money may also be used to pay for housing or travel or to address other barriers to  
7.21 individuals and their families participating in first episode mood disorder services.