

SENATE
STATE OF MINNESOTA
EIGHTY-SEVENTH LEGISLATURE

S.F. No. 2188

(SENATE AUTHORS: ROSEN)

DATE	D-PG	OFFICIAL STATUS
03/01/2012	4076	Introduction and first reading Referred to Health and Human Services
03/23/2012		Comm report: To pass as amended Second reading

A bill for an act
relating to human services; creating a chemical health navigation program;
limiting residential chemical dependency treatment; requiring a report; amending
Minnesota Statutes 2010, sections 254B.03, subdivision 1; 254B.04, subdivision
1; 256B.69, subdivision 6; proposing coding for new law in Minnesota Statutes,
chapter 254B.

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

Section 1. Minnesota Statutes 2010, section 254B.03, subdivision 1, is amended to read:

Subdivision 1. **Local agency duties.** (a) Every local agency shall provide chemical
dependency services to persons residing within its jurisdiction who meet criteria
established by the commissioner for placement in a chemical dependency residential
or nonresidential treatment service subject to the limitations on residential chemical
dependency treatment in section 254B.04, subdivision 1. Chemical dependency money
must be administered by the local agencies according to law and rules adopted by the
commissioner under sections 14.001 to 14.69.

(b) In order to contain costs, the commissioner of human services shall select eligible
vendors of chemical dependency services who can provide economical and appropriate
treatment. Unless the local agency is a social services department directly administered by
a county or human services board, the local agency shall not be an eligible vendor under
section 254B.05. The commissioner may approve proposals from county boards to provide
services in an economical manner or to control utilization, with safeguards to ensure that
necessary services are provided. If a county implements a demonstration or experimental
medical services funding plan, the commissioner shall transfer the money as appropriate.

(c) A culturally specific vendor that provides assessments under a variance under Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons not covered by the variance.

Sec. 2. Minnesota Statutes 2010, section 254B.04, subdivision 1, is amended to read:

Subdivision 1. **Eligibility.** (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, persons eligible for medical assistance benefits under sections 256B.055, 256B.056, and 256B.057, subdivisions 1, 2, 5, and 6, or who meet the income standards of section 256B.056, subdivision 4, and persons eligible for general assistance medical care under section 256D.03, subdivision 3, are entitled to chemical dependency fund services subject to the following limitations: (1) no more than three residential chemical dependency treatment episodes for the same person in a four-year period of time unless the person meets the criteria established by the commissioner of human services; and (2) no more than four residential chemical dependency treatment episodes in a lifetime unless the person meets the criteria established by the commissioner of human services. For purposes of this section, "episode" means a span of treatment without interruption of 30 days or more. State money appropriated for this paragraph must be placed in a separate account established for this purpose.

Persons with dependent children who are determined to be in need of chemical dependency treatment pursuant to an assessment under section 626.556, subdivision 10, or a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the local agency to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.

(b) A person not entitled to services under paragraph (a), but with family income that is less than 215 percent of the federal poverty guidelines for the applicable family size, shall be eligible to receive chemical dependency fund services within the limit of funds appropriated for this group for the fiscal year. If notified by the state agency of limited funds, a county must give preferential treatment to persons with dependent children who are in need of chemical dependency treatment pursuant to an assessment under section 626.556, subdivision 10, or a case plan under section 260C.201, subdivision 6, or 260C.212. A county may spend money from its own sources to serve persons under this paragraph. State money appropriated for this paragraph must be placed in a separate account established for this purpose.

(c) Persons whose income is between 215 percent and 412 percent of the federal poverty guidelines for the applicable family size shall be eligible for chemical dependency services on a sliding fee basis, within the limit of funds appropriated for this group for the fiscal year. Persons eligible under this paragraph must contribute to the cost of services according to the sliding fee scale established under subdivision 3. A county may spend money from its own sources to provide services to persons under this paragraph. State money appropriated for this paragraph must be placed in a separate account established for this purpose.

EFFECTIVE DATE. This section is effective for all chemical dependency residential treatment beginning on or after July 1, 2012.

Sec. 3. **[254B.14] CHEMICAL HEALTH NAVIGATION PROGRAM.**

Subdivision 1. Establishment; purpose. (a) There is established a state-county chemical health navigation program. The Department of Human Services and interested counties shall work in partnership to augment the current chemical health service delivery system to promote better outcomes for eligible individuals and greater accountability and productivity in the delivery of state and county funded chemical dependency services.

(b) The navigation program shall allow flexibility for eligible individuals to timely access needed services as well as to align systems and services to offer the most appropriate level of chemical health services to eligible individuals.

(c) Chemical health navigation programs must maintain eligibility requirements for the consolidated chemical dependency treatment fund, continue to meet the requirements of Minnesota Rules, parts 9530.6405 to 9530.6505 and 9530.6600 to 9530.6655, and must not put current and future federal funding of chemical health services at risk.

Subd. 2. Program implementation. (a) Each county's participation in the chemical health navigation program is voluntary.

(b) The commissioner and each county participating in the chemical health navigation program shall enter into an agreement governing the operation of the county's navigation program. Each county shall implement its program within 60 days of the final agreement with the commissioner.

Subd. 3. Notice of program discontinuation. Each county's participation in the chemical health navigation program may be discontinued for any reason by the county or the commissioner after 30 days' written notice to the other party. Any unspent funds held for the exiting county's pro rata share in the special revenue fund under the authority in subdivision 5, paragraph (d), shall be transferred to the consolidated chemical dependency treatment fund following discontinuation of the program.

Subd. 4. **Eligibility for navigator program.** To be considered for participation in a navigator program, an individual must:

- (1) be a resident of a county with an approved navigator program;
- (2) be eligible for chemical dependency fund services;
- (3) have a score of at least three in two or more dimensions of the placement criteria in a Rule 25 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655;
- (4) have had at least two treatment episodes in the past two years, not limited to episodes reimbursed by the consolidated chemical dependency treatment funds; and
- (5) be a voluntary participant in the navigator program.

Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this chapter, the commissioner may authorize chemical health navigator programs to use chemical dependency treatment funds to pay for nontreatment services:

(1) in addition to those authorized under section 254B.03, subdivision 2, paragraph (a); and

(2) by vendors in addition to those authorized under section 254B.05 when not providing chemical dependency treatment services.

(b) Participating counties may contract with providers to provide nontreatment services pursuant to section 256B.69, subdivision 6, paragraph (c).

(c) For the purposes of this section, "nontreatment services" include community-based navigator services, peer support, family engagement and support, housing support and rent subsidy for up to 90 days, supported employment, and independent living skills.

(d) State expenditures for chemical dependency services and nontreatment services provided through the navigator programs must not be greater than the chemical dependency treatment fund expected share of forecasted expenditures in the absence of the navigator programs. The commissioner may restructure the schedule of payments between the state and participating counties under the local agency share and division of cost provisions under section 254B.03, subdivisions 3 and 4, as necessary to facilitate the operation of the navigation programs.

(e) To the extent that state fiscal year expenditures within a county's navigator program are less than the expected share of forecasted expenditures in the absence of the navigator program, the commissioner shall deposit the unexpended funds in a separate account within the consolidated chemical dependency treatment fund, and make these funds available for expenditure by the county for the following year. To the extent that treatment and nontreatment services expenditures within a county's navigator program exceed the amount expected in the absence of the navigator program, the county shall be

responsible for the portion of costs for nontreatment services expended in excess of the otherwise expected share of forecasted expenditures.

(f) The commissioner may waive administrative rule requirements that are incompatible with the implementation of navigator programs, except that any chemical dependency treatment funded under this section must continue to be provided by a licensed treatment provider.

(g) The commissioner shall not approve or enter into any agreement related to navigator programs authorized under this section that puts current or future federal funding at risk.

(h) The commissioner shall provide participating counties with transactional data, reports, provider data, and other data generated by county activity to assess and measure outcomes. This information must be transmitted to participating counties at least once every six months.

Subd. 6. Duties of county board. The county board, or other county entity that is approved to administer a navigator program, shall:

(1) administer the program in a manner consistent with this section;

(2) ensure that no one is denied chemical dependency treatment services for which they would otherwise be eligible under section 254A.03, subdivision 3; and

(3) provide the commissioner with timely and pertinent information as negotiated in the agreement governing operation of the county's navigator program.

Subd. 7. Report. The commissioner, in partnership with participating counties, shall provide an annual report on the achievement of navigator program outcomes to the legislative committees with jurisdiction over chemical health. The report shall address qualitative and quantitative outcomes.

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

Sec. 4. Minnesota Statutes 2010, section 256B.69, subdivision 6, is amended to read:

Subd. 6. Service delivery. (a) Each demonstration provider shall be responsible for the health care coordination for eligible individuals. Demonstration providers:

(1) shall authorize and arrange for the provision of all needed health services including but not limited to the full range of services listed in sections 256B.02, subdivision 8, and 256B.0625 in order to ensure appropriate health care is delivered to enrollees. Notwithstanding section 256B.0621, demonstration providers that provide nursing home and community-based services under this section shall provide relocation service coordination to enrolled persons age 65 and over;

(2) shall accept the prospective, per capita payment from the commissioner in return for the provision of comprehensive and coordinated health care services for eligible individuals enrolled in the program;

(3) may contract with other health care and social service practitioners to provide services to enrollees; and

(4) shall institute recipient grievance procedures according to the method established by the project, utilizing applicable requirements of chapter 62D. Disputes not resolved through this process shall be appealable to the commissioner as provided in subdivision 11.

(b) Demonstration providers must comply with the standards for claims settlement under section 72A.201, subdivisions 4, 5, 7, and 8, when contracting with other health care and social service practitioners to provide services to enrollees. A demonstration provider must pay a clean claim, as defined in Code of Federal Regulations, title 42, section 447.45(b), within 30 business days of the date of acceptance of the claim.

(c) Demonstration providers may contract with counties participating in the chemical health navigation program established under section 254B.14, to provide chemical dependency nontreatment services as defined in section 254B.14, subdivision 5, paragraph (b), using capitation payments received under this section and section 256B.692.

Sec. 5. COMMISSIONER'S CRITERIA FOR RESIDENTIAL TREATMENT.

(a) The commissioner of human services shall develop specific criteria to approve treatment for individuals who require residential chemical dependency treatment in excess of the maximum allowed in Minnesota Statutes, section 254B.04, subdivision 1, due to co-occurring disorders, including disorders related to cognition, traumatic brain injury, or documented disability. Criteria shall be developed for use no later than October 1, 2012.

(b) The commissioner may grant approval for treatment in excess of the maximum allowed in Minnesota Statutes, section 254B.04, subdivision 1, upon the request of any eligible individual.