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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2258

02/15/2012 Authored by Abeler; Anderson, D.; Mack and Liebling

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/08/2012 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; modifying chemical use assessment requirements for
1.3 civil commitments; creating a chemical health navigation program; requiring
1.4 reports on chemical health services; providing rulemaking authority; amending
1.5 Minnesota Statutes 2010, sections 254A.19, by adding a subdivision; 256B.69,
1.6 subdivision 6; proposing coding for new law in Minnesota Statutes, chapter
1.7 254B.

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

1.9 Section 1. Minnesota Statutes 2010, section 254A.19, is amended by adding a
1.10 subdivision to read:

1.11 Subd. 4. **Civil commitments.** A Rule 25 assessment, under Minnesota Rules, part
1.12 9530.6615, does not need to be completed for civil commitments and for the duration of a
1.13 civil commitment under section 253B.065, 253B.09, or 253B.095 in order for a county
1.14 to access state funding for chemical dependency treatment. Nothing in this subdivision
1.15 shall prohibit placement in a treatment facility or treatment program governed under this
1.16 chapter or Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner of human
1.17 services shall adopt rules to comply with this subdivision.

1.18 Sec. 2. **[254B.14] CHEMICAL HEALTH NAVIGATION PROGRAM.**

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

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

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

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

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

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

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

2.22 (1) be a resident of a county with an approved navigator program;

2.23 (2) be eligible for chemical dependency fund services;

2.24 (3) have a score of at least three in two or more dimensions of the placement criteria
2.25 in a Rule 25 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655;

2.26 (4) have had at least two treatment episodes in the past two years, not limited to
2.27 episodes reimbursed by the consolidated chemical dependency treatment funds; and

2.28 (5) be a voluntary participant in the navigator program.

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

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

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

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

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

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

3.14 (e) To the extent that state fiscal year expenditures within a county's navigator
3.15 program are less than the expected share of forecasted expenditures in the absence of the
3.16 navigator program, the commissioner shall deposit the unexpended funds in a separate
3.17 account within the consolidated chemical dependency treatment fund, and make these
3.18 funds available for expenditure by the county for the following year. To the extent that
3.19 treatment and nontreatment services expenditures within a county's navigator program
3.20 exceed the amount expected in the absence of the navigator program, the county shall be
3.21 responsible for the portion of costs for nontreatment services expended in excess of the
3.22 otherwise expected share of forecasted expenditures.

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

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

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

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

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

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

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

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

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

4.10 Sec. 3. Minnesota Statutes 2010, section 256B.69, subdivision 6, is amended to read:

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

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

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

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

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

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

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

5.1 Sec. 4. **INSTRUCTIONS TO THE COMMISSIONER; CHEMICAL HEALTH.**

5.2 (a) With broad stakeholder input, the commissioner of human services shall
5.3 develop a plan to improve the effectiveness and efficiency of the service continuum for
5.4 chemically dependent individuals. The plan shall identify methods to reduce duplication
5.5 of efforts, promote scientifically supported practices, and improve efficiency. This plan
5.6 shall consider the potential for geographically or demographically disparate impact on
5.7 individuals who need chemical dependency services.

5.8 (b) The commissioner shall provide the chairs and ranking minority members of
5.9 the legislative committees with jurisdiction over chemical dependency a report detailing
5.10 necessary statutory and rule changes and a proposal for a pilot project to implement the
5.11 plan no later than March 15, 2013.