

1.1 A bill for an act
1.2 relating to human services; changing mental health provisions; requiring
1.3 mental health assessments for certain inmates; establishing children's mental
1.4 health grants and training; requiring students of higher education to carry
1.5 health insurance; creating a loan forgiveness program; establishing the
1.6 Crisis Intervention Team State Council; making changes to mental health
1.7 funding provisions; establishing pilot projects; authorizing grant funding;
1.8 requiring reports; appropriating money; amending Minnesota Statutes 2006,
1.9 sections 245.462, subdivision 20; 245.50, subdivision 5; 245.696, by adding
1.10 a subdivision; 256B.038; 256B.0623, subdivisions 2, 8, 12; 256B.0625,
1.11 subdivisions 38, 43, 46, by adding subdivisions; 256B.0943, subdivisions 1, 2,
1.12 by adding subdivisions; 256B.69, subdivisions 5g, 5h; 256B.761; 256B.763;
1.13 256D.03, subdivisions 3, 4; 256D.44, subdivision 5; 256L.03, subdivisions 1,
1.14 5; 256L.035; 256L.07, subdivision 3; 256L.12, subdivision 9a; 609.115, by
1.15 adding a subdivision; 609.135, by adding a subdivision; 641.15, by adding a
1.16 subdivision; proposing coding for new law in Minnesota Statutes, chapters
1.17 135A; 243; 245; 245A; 256; 641.

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

1.19 **ARTICLE 1**
1.20 **CRIMINAL JUSTICE**

1.21 Section 1. **[243.521] DISCIPLINARY OR ADMINISTRATIVE SEGREGATION;**
1.22 **MENTAL HEALTH ASSESSMENT.**

1.23 (a) A mental health assessment of an inmate shall be performed before transfer to
1.24 disciplinary or administrative segregation.

1.25 (b) Mental health assessments shall be conducted in a confidential manner to the
1.26 extent practicable.

1.27 (c) If disciplinary or administrative segregation is in excess of 24 hours, a mental
1.28 health professional shall assess the mental health of the inmate and review the inmate's

mental health record within 24 hours. Inmates remaining in administrative or disciplinary segregation shall be reassessed at a minimum of every seven days thereafter.

Sec. 2. Minnesota Statutes 2006, section 256D.03, subdivision 3, is amended to read:

Subd. 3. **General assistance medical care; eligibility.** (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, or MinnesotaCare as defined in paragraph (b), except as provided in paragraph (c), and:

(1) who is receiving assistance under section 256D.05, except for families with children who are eligible under Minnesota family investment program (MFIP), or who is having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

(2) who is a resident of Minnesota; and

(i) who has gross countable income not in excess of 75 percent of the federal poverty guidelines for the family size, using a six-month budget period and whose equity in assets is not in excess of \$1,000 per assistance unit. General assistance medical care is not available for applicants or enrollees who are otherwise eligible for medical assistance but fail to verify their assets. Enrollees who become eligible for medical assistance shall be terminated and transferred to medical assistance. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in section 256B.056, subdivision 3, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum;

(ii) who has gross countable income above 75 percent of the federal poverty guidelines but not in excess of 175 percent of the federal poverty guidelines for the family size, using a six-month budget period, whose equity in assets is not in excess of the limits in section 256B.056, subdivision 3c, and who applies during an inpatient hospitalization; or

(iii) the commissioner shall adjust the income standards under this section each July 1 by the annual update of the federal poverty guidelines following publication by the United States Department of Health and Human Services.

(b) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may not be paid for applicants or recipients who are adults with dependent children under 21 whose gross family income is equal to or less than 275 percent of the federal poverty guidelines who are not described in paragraph (e).

(c) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may be paid for applicants and recipients who meet all eligibility requirements of paragraph (a), clause (2), item (i), for a temporary period beginning the date of application. Immediately following approval of general assistance medical care, enrollees shall be enrolled in MinnesotaCare under section 256L.04, subdivision 7, with covered services as provided in section 256L.03 for the rest of the six-month eligibility period, until their six-month renewal.

(d) To be eligible for general assistance medical care following enrollment in MinnesotaCare as required by paragraph (c), an individual must complete a new application.

(e) Applicants and recipients eligible under paragraph (a), clause (1); who have applied for and are awaiting a determination of blindness or disability by the state medical review team or a determination of eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration; who fail to meet the requirements of section 256L.09, subdivision 2; who are classified as end-stage renal disease beneficiaries in the Medicare program; who are enrolled in private health care coverage as defined in section 256B.02, subdivision 9; who are eligible under paragraph (j); or who receive treatment funded pursuant to section 254B.02 are exempt from the MinnesotaCare enrollment requirements of this subdivision.

(f) For applications received on or after October 1, 2003, eligibility may begin no earlier than the date of application. For individuals eligible under paragraph (a), clause (2), item (i), a redetermination of eligibility must occur every 12 months. Individuals are eligible under paragraph (a), clause (2), item (ii), only during inpatient hospitalization but may reapply if there is a subsequent period of inpatient hospitalization.

(g) Beginning September 1, 2006, Minnesota health care program applications and renewals completed by recipients and applicants who are persons described in paragraph (c) and submitted to the county agency shall be determined for MinnesotaCare eligibility by the county agency. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available in any month during which MinnesotaCare enrollment is pending. Upon notification of eligibility for MinnesotaCare, notice of termination for eligibility for general assistance medical care shall be sent to an applicant or recipient. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available until enrollment in MinnesotaCare subject to the provisions of paragraphs (c), (e), and (f).

(h) The date of an initial Minnesota health care program application necessary to begin a determination of eligibility shall be the date the applicant has provided a name,

address, and Social Security number, signed and dated, to the county agency or the Department of Human Services. If the applicant is unable to provide a name, address, Social Security number, and signature when health care is delivered due to a medical condition or disability, a health care provider may act on an applicant's behalf to establish the date of an initial Minnesota health care program application by providing the county agency or Department of Human Services with provider identification and a temporary unique identifier for the applicant. The applicant must complete the remainder of the application and provide necessary verification before eligibility can be determined. The county agency must assist the applicant in obtaining verification if necessary.

(i) County agencies are authorized to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for general assistance medical care or MinnesotaCare. Such use shall be considered sufficient in order to determine eligibility and premium payments by the county agency.

(j) General assistance medical care is not available for a person in a correctional facility unless the person is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, and the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(k) General assistance medical care is not available for applicants or recipients who do not cooperate with the county agency to meet the requirements of medical assistance.

(l) In determining the amount of assets of an individual eligible under paragraph (a), clause (2), item (i), there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period

has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(m) When determining eligibility for any state benefits under this subdivision, the income and resources of all noncitizens shall be deemed to include their sponsor's income and resources as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421 and 422, and subsequently set out in federal rules.

(n) Undocumented noncitizens and nonimmigrants are ineligible for general assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented noncitizen is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(o) Notwithstanding any other provision of law, a noncitizen who is ineligible for medical assistance due to the deeming of a sponsor's income and resources, is ineligible for general assistance medical care.

(p) Effective July 1, 2003, general assistance medical care emergency services end.

(q) Effective July 1, 2007, individuals in a correctional facility who have been diagnosed with a mental illness as defined in section 245.462, subdivision 20, are eligible for general assistance medical care for three months from the date of release from confinement.

Sec. 3. Minnesota Statutes 2006, section 609.115, is amended by adding a subdivision to read:

Subd. 10. **Mental health assessment required.** If a person is convicted of a misdemeanor or gross misdemeanor and the court orders that a presentence investigation and written report be made to the court under subdivision 1, the probation officer shall determine whether or not mental illness may have been a contributing factor to the commission of the offense. If the probation officer has information indicating that mental illness was a contributing factor, the report shall contain the results of a mental health assessment conducted under sections 245.461 to 245.486, the Minnesota Comprehensive Adult Mental Health Act. The probation officer shall make an appointment for the defendant to undergo the mental health assessment if so indicated. The mental health

assessment report must include a recommended plan for mental health treatment or counseling for the defendant. If the defendant has undergone a mental health assessment under this subdivision in the previous six months, the previous assessment satisfies the provisions of this subdivision.

Sec. 4. Minnesota Statutes 2006, section 609.135, is amended by adding a subdivision to read:

Subd. 5b. **Mental illness as a contributing factor.** If a person is convicted of a misdemeanor or gross misdemeanor and the results of a mental health assessment conducted under section 609.115, subdivision 10, recommend mental health treatment or counseling, a court staying imposition or execution of a sentence shall order a defendant to undergo mental health treatment or counseling as a condition of the stay. A court may waive this condition if the court makes written findings indicating why mental health treatment or counseling is not appropriate or practicable under the circumstances of the case. This subdivision applies to a stay of imposition or execution of a sentence that includes or does not include a term of incarceration as a condition of the stay.

Sec. 5. Minnesota Statutes 2006, section 641.15, is amended by adding a subdivision to read:

Subd. 3a. **Intake procedure; approved mental health screening.** As part of its intake procedure for new prisoners, the sheriff shall use a mental health screening tool approved by the commissioner of corrections in consultation with the commissioner of human services to identify persons who may have mental illness.

Sec. 6. **[641.156] COUNTY JAIL REENTRY PROJECTS; GRANTS.**

Subdivision 1. **Purpose.** The purpose of the reentry project is to promote public safety, prevent recidivism, and promote a successful reintegration into the community by providing services to individuals confined in jails and county regional jails who are identified as having mental illness, traumatic brain injury, chemical dependency, or being homeless.

Subd. 2. **Grants.** (a) The commissioner of corrections, in consultation with the commissioner of human services, shall award grants to county boards for two-year reentry pilot projects. Projects will target prisoners in jails and county regional jails who are identified as having:

(1) a mental illness, as defined in section 245.462, subdivision 20;

(2) a traumatic brain injury, as defined in section 256B.093, subdivision 4;

7.1 (3) chemical dependency, as defined in section 253B.02, subdivision 2; or

7.2 (4) a history of homelessness, as defined in section 116L.361, subdivision 5.

7.3 (b) The projects shall provide a range of services including, but not limited to,
7.4 screening and assessment, client-specific programming, discharge planning and re-entry
7.5 assistance, and followup for at least six months after the prisoner has re-entered the
7.6 community.

7.7 Subd. 3. **Applications.** A grant applicant shall prepare and submit to the
7.8 commissioner of corrections a written proposal detailing the plan and strategies on how
7.9 the applicant will implement the program components in subdivision 4. The application
7.10 shall include a proposed evaluation component of outcome measures including, but not
7.11 limited to, numbers of prisoners served, recidivism, restoration of public benefits, and
7.12 status regarding housing, employment, and treatment needs after six months.

7.13 Subd. 4. **Program components.** Each participating county shall:

7.14 (a) develop a written collaborative plan between the county jail or county regional
7.15 jail and the county social services agency;

7.16 (b) assess each prisoner upon entry into the jail or county regional jail using a
7.17 screening tool approved by the commissioner of corrections in consultation with the
7.18 commissioner of human services to identify prisoners with the characteristics listed in
7.19 subdivision 2, paragraph (a);

7.20 (c) ensure prisoners who are identified with a positive screening and who will be
7.21 incarcerated for less than 30 days are offered follow-up care and referred to appropriate
7.22 professionals;

7.23 (d) ensure prisoners who are identified as having a characteristic listed in subdivision
7.24 2, paragraph (a), and who will be incarcerated 30 days or longer, are provided with
7.25 appropriate treatment and programming including, but not limited to, mental health
7.26 treatment, counseling, living and employment skills development, substance abuse
7.27 treatment, GED and literacy training, and referrals to aftercare treatment and skills training;

7.28 (e) offer to develop a discharge plan for prisoners identified as having a characteristic
7.29 listed in subdivision 2, paragraph (a), who will be incarcerated for 90 days or longer.

7.30 Discharge planning components must include:

7.31 (1) at least 60 days prior to the prisoner's release, the person responsible for
7.32 discharge planning authorized by this section shall begin assisting the prisoner to establish,
7.33 or re-establish, benefits such as medical assistance, veterans' benefits, MinnesotaCare,
7.34 general assistance medical care, Social Security insurance, housing assistance, and
7.35 submitting in a timely manner a prisoner's application for any benefits for which the
7.36 prisoner may be eligible upon release;

(2) obtaining informed consent and releases of information from the prisoner that are needed for transition services, identifying treatment needs, referring the prisoner to appropriate services in the community, and arranging for basic needs such as food, housing, transportation, employment, and GED services;

(3) securing appointments for a prisoner to be treated by a psychiatrist within 30 days of release, if appropriate;

(4) securing appointments for a prisoner with a community mental health provider and a chemical dependency provider within 30 days of release, if appropriate;

(5) ensuring that the prisoner, when released from custody, has at least a 14-day supply of all necessary medications, and a prescription for at least a 30-day supply of all necessary medication that can be refilled once for an additional 30-day supply;

(6) arranging for the prisoner to have a state photo identification card when released. The identification card must not disclose the prisoner's incarceration or criminal record and must list an address other than the address of the jail or county regional jail. The identification card expires on the date of birth of the holder four years after the date of issue; and

(7) identifying prisoners who had a case manager prior to incarceration, and maintaining contact with that case manager to provide service coordination for the prisoner upon release. For prisoners without a case manager, making appropriate referrals for case management services or offering to provide follow-up services to assist the prisoner in obtaining stable housing, public benefits, and community services for up to six months after release;

(f) recording the number of prisoners identified under subdivision 2, paragraph (a), and the number of prisoners who received federal benefits upon entry into the jail or county regional jail; and

(g) maintaining accurate records to complete the program evaluation.

Sec. 7. APPROPRIATIONS.

Subdivision 1. **Grant program.** \$..... is appropriated from the general fund to the commissioner of corrections for fiscal year 2008 and \$..... for fiscal year 2009 to administer the grant program established in section 6.

Subd. 2. **Discharge planning.** \$..... is appropriated from the general fund to the commissioner of human services for fiscal year 2008 to fund discharge planning for offenders with serious and persistent mental illness as defined in Minnesota Statutes,

section 245.462, subdivision 20, paragraph (c), who are pending release from correctional facilities.

Subd. 3. **Mental health courts.** \$..... for fiscal year 2008 and \$..... for fiscal year 2009 are appropriated from the general fund to the Supreme Court to develop and implement standards for mental health courts.

ARTICLE 2

CHILDREN'S MENTAL HEALTH

Section 1. [245.4889] CHILDREN'S MENTAL HEALTH GRANTS.

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

(1) counties;

(2) Indian tribes;

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

(4) mental health service providers

in providing services to children with emotional disturbances as defined in section 245.4871, subdivision 15, and their families. The commissioner may also authorize grants to assist young adults meeting the criteria for transition services in section 245.4875, subdivision 8, and their families.

(b) Services under paragraph (a) must be designed to help each child to function and remain with the child's family in the community and must be delivered consistent with the child's treatment plan. Transition services under paragraph (a) to eligible young adults must be designed to foster independent living in the community.

Subd. 2. **Grant application and reporting requirements.** To apply for a grant an applicant organization shall submit an application and budget for the use of the money in the form specified by the commissioner. The commissioner shall make grants only to entities whose applications and budgets are approved by the commissioner. In awarding grants, the commissioner shall give priority to those counties whose applications indicate plans to collaborate in the development, funding, and delivery of services with other agencies in the local system of care. The commissioner shall specify requirements for reports, including quarterly fiscal reports under section 256.01, subdivision 2, paragraph (q). The commissioner shall require collection of data and periodic reports that the commissioner deems necessary to demonstrate the effectiveness of each service.

Sec. 2. [245A.175] MENTAL HEALTH TRAINING REQUIREMENT.

Child foster care providers licensed by the commissioner of human services must complete two hours of training prior to licensure that addresses the causes, symptoms, and key warning signs of mental health disorders; cultural considerations; and effective approaches for dealing with a child's behaviors. At least one hour of the annual 12-hour training requirement for foster parents must be completed each year on children's mental health issues and treatment. Training curriculum shall be approved by the commissioner of human services.

Sec. 3. **[256.9961] COLLABORATIVE SERVICES FOR HIGH-RISK CHILDREN.**

To provide early intervention collaborative services to children who are at high risk for child maltreatment, substance use, mental illness, and serious and violent offending, but not subject to the delinquency provisions of chapter 260B, the commissioner of human services shall fund one or more projects that identify and serve these children. The projects shall include the following program components:

- (1) multidimensional screening instruments;
- (2) multidisciplinary and multijurisdictional collaborative services;
- (3) integrated information systems;
- (4) intensive in-home and community casework;
- (5) continuous tracking of outcomes; and
- (6) multidimensional evaluations and cost benefit analysis.

Projects must use all available funding streams.

Sec. 4. Minnesota Statutes 2006, section 256B.0943, is amended by adding a subdivision to read:

Subd. 14. **Rate increase for children's therapeutic services and supports.** For services defined in clauses (1) and (2) rendered on or after July 1, 2007, payment rates shall be increased by 33.7 percent over the rates in effect on January 1, 2006, for:

- (1) services when provided as a component of children's therapeutic services and support including, but not limited to, individual and group skills training, individual and group psychotherapy, and provider travel; and
- (2) diagnostic assessments of children and adolescents.

The commissioner shall adjust rates paid to prepaid health plans under contract with the commissioner to reflect the rate increases provided in clauses (1) and (2). The prepaid health plans must pass this rate increase to the providers of the services identified in clauses (1) and (2).

11.1 Sec. 5. **COLUMBIA TEENSCREEN GRANTS.**

11.2 The commissioner of education shall develop a request for proposals for grants to
11.3 implement the Columbia TeenScreen program. The request for proposals shall require
11.4 the grant applicant to specify how the applicant will follow, implement, and conduct the
11.5 essential components of the Columbia TeenScreen program. Applicants for grants shall be
11.6 limited to public schools and family service collaboratives.

11.7 Sec. 6. **CHILDREN'S MENTAL HEALTH WORK GROUP; REPORT.**

11.8 The commissioner of human services shall convene a work group to study the unmet
11.9 need for funding of wraparound services to address the needs of children diagnosed
11.10 with an emotional disturbance or a severe emotional disturbance. The work group shall
11.11 consist of representatives from the Department of Health, the Department of Education,
11.12 organizations that provide or advocate for children's mental health services, and Minnesota
11.13 counties. The commissioner shall report the results of the work group's findings and
11.14 recommendations to the chairs of the house and senate committees with jurisdiction over
11.15 children's mental health no later than January 1, 2008.

11.16 Sec. 7. **TRAUMA-FOCUSED EVIDENCE-BASED PRACTICES TO**
11.17 **CHILDREN.**

11.18 Organizations that are certified to provide children's therapeutic services and
11.19 supports under Minnesota Statutes, section 256B.0943, are eligible to apply for a grant.
11.20 Grants are to be used to provide trauma-focused evidence-based practices to children
11.21 who are living in a battered women's shelter, homeless shelter, transitional housing, or
11.22 supported housing. Children served must have been exposed to or witnessed domestic
11.23 violence, have been exposed to or witnessed community violence, or be a refugee. Priority
11.24 shall be given to organizations that demonstrate collaboration with battered women's
11.25 shelters, homeless shelters, or providers of transitional housing or supported housing. The
11.26 commissioner shall specify which constitutes evidence-based practice. Organizations shall
11.27 use all available funding streams.

11.28 Sec. 8. **RESPITE CARE.**

11.29 (a) The commissioner shall reimburse counties for their costs of funding respite
11.30 care for children who have a diagnosis of emotional disturbance or severe emotional
11.31 disturbance.

(b) Funds under paragraph (a) may be used to pay for day, night, overnight, and summer or vacation respite care. Funds may also be used to recruit and train respite care providers.

(c) The commissioner shall convene a work group composed of stakeholders to determine how funds in subsequent years may be used, how funds will be disbursed to counties, who is eligible to provide respite care, and what outcome data will be collected.

Sec. 9. APPROPRIATIONS.

Subdivision 1. **Evidence-based practice.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to develop and implement evidence-based practice in children's mental health care and treatment.

Subd. 2. **Columbia TeenScreen grants.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of education to administer five Columbia TeenScreen grant programs in section 5.

Subd. 3. **Early intervention collaborative programs.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to fund the early intervention collaborative programs in section 3.

Subd. 4. **Childhood trauma; grants.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to make grants for the purpose of maintaining and expanding evidence-based practices under section 7 that support children and youth who have been exposed to violence or who are refugees.

Subd. 5. **Respite care.** \$ in fiscal year 2008 is appropriated from general fund to the commissioner of human services to fund respite care for children under section 8 who have a diagnosis of emotional disturbance or severe emotional disturbance.

ARTICLE 3 MISCELLANEOUS

Section 1. [135A.141] QUALIFYING STUDENT HEALTH INSURANCE PROGRAM.

Subdivision 1. **Health insurance required.** Every full-time and part-time student enrolled in a public or private institution of higher education located in the state shall participate in a qualifying student health insurance program. For the purposes of this

section, "part-time student" means a student participating in at least 50 percent of the full-time curriculum. An institution may elect to allow students to waive participation in its student health insurance program or any part of it if the institution permitting such waivers requires students waiving participation to certify in writing, prior to any academic year in which they do not participate in the institution's plan, that they are participating in a health insurance plan having comparable coverage.

Subd. 2. **Report.** Each public and private institution of higher education shall submit an annual report to the commissioner of health detailing its procedures for complying with the provisions of this section. Prior to the implementation of this section, the commissioner of health shall submit a report to the house and senate committees on health policy and finance that includes, but is not limited to, an analysis of the number of students lacking health insurance, the costs of the requirements of this section to the students and the institutions of higher education, and a proposed method for meeting the costs.

Subd. 3. **Penalty.** Any public or private institution of higher education failing to carry out its responsibilities under this section shall pay a penalty of \$50 per student per day for every day during which the failure continues. Any penalties collected pursuant to this section shall be deposited in the general fund. Any institution that relies in good faith on statements by students related to their health insurance status shall not be liable for any penalty or for failure to comply with provisions of this section caused by misstatements of students.

Subd. 4. **Rules.** The commissioner of health shall issue regulations to define qualifying student health insurance programs, to establish procedures to monitor compliance, and to implement the provisions of this section.

Sec. 2. Minnesota Statutes 2006, section 245.462, subdivision 20, is amended to read:

Subd. 20. **Mental illness.** (a) "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

(b) An "adult with acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention.

(c) For purposes of case management and community support services, a "person with serious and persistent mental illness" means an adult who has a mental illness and meets at least one of the following criteria:

(1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;

(2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;

(3) the adult has been an inmate at a jail or county regional jail or a prisoner at a correctional facility two or more times within the preceding 24 months;

(4) the adult has experienced continuous confinement in a jail, county regional jail, or correctional facility for more than six months' duration within the preceding 12 months;

(5) the adult has been treated by a crisis team two or more times within the preceding 24 months;

(6) the adult:

(i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;

(ii) indicates a significant impairment in functioning; and

(iii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;

~~(4)~~ (7) the adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult's commitment has been stayed or continued; or

~~(5)~~ (8) the adult (i) was eligible under clauses (1) to ~~(4)~~ (7), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided.

Sec. 3. Minnesota Statutes 2006, section 245.50, subdivision 5, is amended to read:

Subd. 5. **Special contracts; bordering states.** (a) An individual who is detained, committed, or placed on an involuntary basis under chapter 253B may be confined or treated in a bordering state pursuant to a contract under this section. An individual who is detained, committed, or placed on an involuntary basis under the civil law of a bordering

15.1 state may be confined or treated in Minnesota pursuant to a contract under this section. A
15.2 peace or health officer who is acting under the authority of the sending state may transport
15.3 an individual to a receiving agency that provides services pursuant to a contract under
15.4 this section and may transport the individual back to the sending state under the laws
15.5 of the sending state. Court orders valid under the law of the sending state are granted
15.6 recognition and reciprocity in the receiving state for individuals covered by a contract
15.7 under this section to the extent that the court orders relate to confinement for treatment
15.8 or care of mental illness or chemical dependency. Such treatment or care may address
15.9 other conditions that may be co-occurring with the mental illness or chemical dependency.
15.10 These court orders are not subject to legal challenge in the courts of the receiving state.
15.11 Individuals who are detained, committed, or placed under the law of a sending state and
15.12 who are transferred to a receiving state under this section continue to be in the legal
15.13 custody of the authority responsible for them under the law of the sending state. Except
15.14 in emergencies, those individuals may not be transferred, removed, or furloughed from
15.15 a receiving agency without the specific approval of the authority responsible for them
15.16 under the law of the sending state.

15.17 (b) While in the receiving state pursuant to a contract under this section, an
15.18 individual shall be subject to the sending state's laws and rules relating to length of
15.19 confinement, reexaminations, and extensions of confinement. No individual may be sent
15.20 to another state pursuant to a contract under this section until the receiving state has
15.21 enacted a law recognizing the validity and applicability of this section.

15.22 (c) If an individual receiving services pursuant to a contract under this section leaves
15.23 the receiving agency without permission and the individual is subject to involuntary
15.24 confinement under the law of the sending state, the receiving agency shall use all
15.25 reasonable means to return the individual to the receiving agency. The receiving agency
15.26 shall immediately report the absence to the sending agency. The receiving state has the
15.27 primary responsibility for, and the authority to direct, the return of these individuals
15.28 within its borders and is liable for the cost of the action to the extent that it would be
15.29 liable for costs of its own resident.

15.30 (d) Responsibility for payment for the cost of care remains with the sending agency.

15.31 (e) This subdivision also applies to county contracts under subdivision 2 which
15.32 include emergency care and treatment provided to a county resident in a bordering state.

15.33 (f) If a Minnesota resident is admitted to a facility in a bordering state under this
15.34 chapter, a physician, licensed psychologist who has a doctoral degree in psychology, or an
15.35 advance practice registered nurse certified in mental health, and who is licensed in the
15.36 bordering state, may act as an examiner under sections 253B.07, 253B.09, 253B.092, and

253B.12. Any person acting as an examiner under this paragraph must have received training on the provisions in chapter 253B.

Sec. 4. Minnesota Statutes 2006, section 245.696, is amended by adding a subdivision to read:

Subd. 3. Loan forgiveness program. (a) For the purposes of this subdivision, "qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate education of a mental health professional.

(b) (1) A loan forgiveness program account is established. The commissioner of human services shall use money from the account to establish a loan forgiveness program for individuals who are employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients.

(2) Appropriations made to the account do not cancel and are available until expended, except that at the end of the biennium, any remaining balance in the account that is not committed by contract and is not needed to fulfill existing commitments shall cancel to the fund.

(c) To be eligible to participate in the loan forgiveness program, an individual must be employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients and must be of the same culture or ethnicity as the clients. An applicant selected to participate must sign a contract agreeing to remain employed with the nonprofit agency for a three-year full-time term, which shall begin no later than 30 days following completion of the required training.

(d) The commissioner of human services may select applicants each year for participation in the loan forgiveness program, within the limits of available funding. Applicants are responsible for securing their own qualified educational loans. The commissioner shall select participants based on their suitability for practice serving the required cultural or ethnic minority population. The commissioner shall give preference to applicants closest to completing their education.

(e) For each year that a participant meets the service obligation required under paragraph (c), the commissioner shall make annual disbursements directly to the participant equivalent to 25 percent of the participant's loan indebtedness, not to exceed the balance of the participant's qualifying educational loans. Before receiving loan repayment disbursements, and as requested, the participant and the employer must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required under paragraph (c).

The participant must provide the commissioner with verification that the full amount of the loan repayment disbursement received by the participant has been applied toward the designated loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made.

(f) If a participant does not fulfill the minimum commitment of service under paragraph (c), the commissioner of human services shall collect from the participant the full amount paid to the participant under the loan forgiveness program plus interest at the rate established under section 270C.40. The commissioner shall deposit the money collected in the general fund. The commissioner shall allow waivers of all or part of the money owed the commissioner as a result of nonfulfillment if emergency circumstances prevented fulfillment of the minimum service commitment.

Sec. 5. **[245.6961] CULTURALLY COMPETENT MENTAL HEALTH SERVICES.**

Subdivision 1. **Services; grants.** The commissioner is authorized to make grants to nonprofit organizations to ensure that culturally competent mental health services are provided to individuals throughout the state. The grants are intended to provide direct services and to serve as a bridge to existing mental health providers and organizations that reflect the community they serve. The grants may be used to:

- (1) provide services and supports to low-income families from different cultures;
- (2) provide technical assistance to mental health and health care providers who have clients in need of culturally appropriate services;
- (3) translate information for patients and their families;
- (4) colocate services at clinics, schools, and other locations; and
- (5) provide services and supports using telemedicine to reach families in need of information and support in communities where there are no culturally specific providers.

Subd. 2. **Task force.** The commissioner shall appoint a task force to develop criteria for eligibility, services, and outcome measurement. Meeting children's therapeutic services and support standards cannot be one of the criteria for receiving funding through this program.

Sec. 6. **[245.6962] CRISIS INTERVENTION TEAM STATE COUNCIL.**

Subdivision 1. **Purpose.** (a) The purpose of the Crisis Intervention Team (CIT) State Council is to encourage and support the statewide development of law enforcement CIT's. The council shall serve as the governing body on the finance, curriculum, and programs for CIT training.

18.1 (b) The council shall promote the development of local collaboratives between
18.2 public safety professionals, community providers, and citizens.

18.3 (c) The council shall maintain a mailing list of all CIT trained officers in Minnesota,
18.4 sponsor an annual Minnesota CIT conference, and develop systems to promote and
18.5 support CIT officers and stakeholders.

18.6 Subd. 2. **Membership.** The commissioner of public safety shall appoint members
18.7 to the CIT State Council. Members must include, but not be limited to:

18.8 (1) a representative of the Barbara Schneider Foundation;
18.9 (2) a representative of the National Alliance on Mental Illness;
18.10 (3) a representative of the Minnesota Mental Health Association;
18.11 (4) a representative from a mental health court;
18.12 (5) a representative from a hospital with emergency and inpatient psychiatric
18.13 services;

18.14 (6) a representative of the Minnesota Chiefs of Police Association from a police
18.15 department of a city of the third or fourth class;

18.16 (7) a representative from the Minnesota Sheriffs Association;
18.17 (8) a representative of the CIT Officers Association;
18.18 (9) a training director or CIT coordinator from an operational CIT unit; and
18.19 (10) a representative from the Police Officers Standards and Training Board.

18.20 Subd. 3. **Crisis intervention team training.** (a) The council shall have at least one
18.21 employee who shall be responsible for coordination of the statewide CIT training for
18.22 public safety officers. Components of the training must include, but not be limited to:

18.23 (1) an overview of mental illnesses and the mental health system;
18.24 (2) site visits to psychiatric receiving facilities;
18.25 (3) mental health courts;
18.26 (4) specific psychiatric conditions, their manifestations, and treatment; and
18.27 (5) CIT reporting and data collection.

18.28 (b) Training under paragraph (a) shall be a minimum of 40 hours.

18.29 Sec. 7. **MINNESOTA FAMILY INVESTMENT PROGRAM AND CHILDREN'S**
18.30 **MENTAL HEALTH PILOT PROJECT.**

18.31 Subdivision 1. **Pilot project authorized.** The commissioner of human services
18.32 shall fund a two-year pilot project to measure the impact of children's identified mental
18.33 health needs, including social and emotional needs, on Minnesota family investment
18.34 program (MFIP) participants' ability to obtain and retain employment. The project shall

19.1 also measure the impact on work activity of MFIP participants' needs to address their
19.2 children's identified mental health needs.

19.3 Subd. 2. **Provider and agency proposals.** (a) Interested MFIP providers and
19.4 agencies shall:

19.5 (1) submit proposals defining how they will identify participants whose children
19.6 have mental health needs that hinder the employment process;

19.7 (2) connect families with appropriate developmental, social, and emotional
19.8 screenings and services; and

19.9 (3) incorporate those services into the participant's employment plan.

19.10 Each proposal under this paragraph must include an evaluation component.

19.11 (b) Interested MFIP providers and agencies shall develop a protocol to inform MFIP
19.12 participants of the following:

19.13 (1) the availability of developmental, social, and emotional screening tools for
19.14 children and youth;

19.15 (2) the purpose of the screenings;

19.16 (3) how the information will be used to assist the participants in identifying and
19.17 addressing potential barriers to employment; and

19.18 (4) that their employment plan may be modified based on the screening results.

19.19 Subd. 3. **Program components.** (a) MFIP providers shall obtain the participant's
19.20 written consent for participation in the pilot project, including consent for developmental,
19.21 social, and emotional screening.

19.22 (b) MFIP providers shall coordinate with county social service agencies and health
19.23 plans to assist recipients in arranging referrals indicated by the screening results.

19.24 (c) Tools used for developmental, social, and emotional screenings shall be approved
19.25 by the commissioner of human services.

19.26 Subd. 4. **Program evaluation.** The commissioner of human services shall conduct
19.27 an evaluation of the pilot project to determine:

19.28 (1) the number of participants who took part in the screening;

19.29 (2) the number of children who were screened and what screening tools were used;

19.30 (3) the number of children who were identified in the screening who needed referral
19.31 or follow-up services;

19.32 (4) the number of children who received services, what agency provided the services,
19.33 and what type of services were provided;

19.34 (5) the number of employment plans that were adjusted to include the activities
19.35 recommended in the screenings;

19.36 (6) the changes in work participation rates;

- 20.1 (7) the changes in earned income;
- 20.2 (8) the changes in sanction rates; and
- 20.3 (9) the participants' report of program effectiveness.

20.4 Subd. 5. **Work activity.** Participant involvement in screenings and subsequent
20.5 referral and follow-up services shall count as work activity under Minnesota Statutes,
20.6 section 256J.49, subdivision 13.

20.7 Sec. 8. **MENTAL HEALTH FATALITY REVIEW TEAM.**

20.8 Subdivision 1. **Pilot project authorized; purpose.** The fourth judicial district shall
20.9 establish a Mental Health Fatality Review Team as a 30-month pilot project to review
20.10 adult mental health fatalities that have occurred in the district during or after contact with
20.11 law enforcement, courts, or corrections systems. Cases will be selected for review only
20.12 after they are closed to any further legal activity including opportunities for appeal. The
20.13 purpose of the review team is to analyze adult mental health-related fatalities, review
20.14 public policies and procedures, and try to prevent future fatalities.

20.15 Subd. 2. **Definition of mental health fatality.** "Mental health fatality" means
20.16 the unexpected death of a person with a diagnosed mental illness or committed by a
20.17 person with a diagnosed mental illness, where mental illness was a significant contributing
20.18 factor in the death.

20.19 Subd. 3. **Selection of cases for review.** Cases for review will be selected by the
20.20 Mental Health Fatality Advisory Board. The Mental Health Fatality Advisory Board
20.21 shall be composed of individuals who reflect a commitment to diversity and relevant
20.22 professional experience. The board must include:

- 20.23 (1) a county attorney;
- 20.24 (2) a city attorney;
- 20.25 (3) a public defender;
- 20.26 (4) a representative from the Hennepin County District Court;
- 20.27 (5) a representative from the Office of the Ombudsman for Mental Health and
20.28 Developmental Disabilities;
- 20.29 (6) a representative from the Bureau of Criminal Apprehension;
- 20.30 (7) a practicing mental health professional;
- 20.31 (8) a practicing psychiatrist;
- 20.32 (9) a practicing substance abuse treatment professional;
- 20.33 (10) a representative from Hennepin County Medical Center knowledgeable about
20.34 emergency mental health treatment; and
- 20.35 (11) a representative from a mental health advocacy organization.

21.1 Subd. 4. **Membership.** (a) The chief judge, in consultation with the board, shall
21.2 appoint members of the Mental Health Fatality Review Team. The review team members
21.3 must include:

21.4 (1) a representative from the Department of Human Services, Mental Health
21.5 Division;

21.6 (2) a representative from the county mental health authority;

21.7 (3) the medical examiner;

21.8 (4) an emergency medicine physician from Hennepin County Medical Center;

21.9 (5) an emergency room nurse;

21.10 (6) a representative from the Hennepin County Mental Health Court;

21.11 (7) a practicing forensic psychiatrist;

21.12 (8) a practicing private mental health practitioner;

21.13 (9) a suicide prevention specialist;

21.14 (10) a domestic violence specialist;

21.15 (11) a program staff member providing long-term mental health support services;

21.16 (12) at least one member from each of two mental health consumer advocacy
21.17 organizations with at least one member representing an organization whose board is made
21.18 up of a majority of mental health consumers;

21.19 (13) a corrections employee from the Hennepin County jail;

21.20 (14) a licensed peace officer;

21.21 (15) at least four culturally competent mental health providers from communities
21.22 of color and immigrant communities; and

21.23 (16) a member of the medical review unit from the Office of the Ombudsman for
21.24 Mental Health and Developmental Disabilities.

21.25 (b) Members of the board are members of the review team.

21.26 (c) The review team may also invite other relevant persons to serve on an ad hoc
21.27 basis and participate as full members of the review team for a particular review. These
21.28 persons may include, but are not limited to:

21.29 (1) individuals with particular expertise that would be helpful to the review team; or

21.30 (2) representatives of organizations or agencies that had contact with or provided
21.31 services to the individual who is the subject of the review.

21.32 Subd. 5. **Disclosure of records.** Notwithstanding the data's classification in the
21.33 possession of any agency, data shall be disclosed to the Mental Health Fatality Review
21.34 Team as necessary to carry out the purpose of the team, but data shall retain its data
21.35 classification and will under no circumstances be disclosed to anyone not a part of the

review. No data used or findings arrived at shall be used in a court proceeding. Findings will only be used to recommend institutional reforms to prevent future fatalities.

Subd. 6. **Immunity.** Members of the Mental Health Fatality Review Team, when acting within the scope of their duties, are immune from civil and criminal liability.

Subd. 7. **Evaluation and report.** (a) The Mental Health Fatality Advisory Board shall be convened by the fourth judicial district by December 31, 2007, and shall develop a system for evaluating the effectiveness of this pilot project and shall focus on identifiable goals and outcomes. An evaluation must contain data components as well as input from individuals involved in the review process.

(b) The Mental Health Advisory Review Team shall be convened by July 1, 2008, and shall issue two annual reports to the legislature during the pilot project, one on or before December 31, 2008, and one on or before December 31, 2009. The reports must consist of the written aggregate recommendations of the review team without reference to specific cases. The December 31, 2009, report must include recommendations for legislation. The reports must be made available upon request. Reports must be distributed to the governor, attorney general, Supreme Court, county board, and the district court.

Sec. 9. EVIDENCE-BASED PRACTICE.

The commissioner of human services shall make a onetime consultation with stakeholder groups and make budget-neutral changes to medical assistance coverage and benefits to implement evidence-based practices as defined by the Agency for Healthcare Research and Quality Practice Guidelines.

Sec. 10. EMPLOYMENT SUPPORT.

(a) The commissioner of the Department of Employment and Economic Development shall fund special projects providing employment support to:

(1) young people with mental illness who are transitioning from school to work;

(2) people with a serious mental illness who are receiving services through a mental health court; and

(3) people with serious mental illness who are receiving services through a civil commitment court.

(b) Projects under paragraph (a) must demonstrate interagency collaboration.

Sec. 11. TELEHEALTH.

(a) The commissioner of administration in consultation with the commissioner of human services shall provide televideo conferencing at no cost to the providers between:

23.1 (1) state and county agency sites; and
23.2 (2) community providers or association of community providers sites.
23.3 (b) Community providers eligible for the televideo conferencing are those enrolled
23.4 as medical assistance providers or under contract with counties to provide services under
23.5 Minnesota Statutes, sections 245.461 to 245.486, the Minnesota Comprehensive Adult
23.6 Mental Health Act; Minnesota Statutes, sections 245.4712 to 245.4861, community
23.7 support and day treatment services; or Minnesota Statutes, sections 245.487 to 245.4887,
23.8 the Minnesota Comprehensive Children’s Mental Health Act.

23.9 Sec. 12. **DUAL DIAGNOSIS; DEMONSTRATION PROJECT.**

23.10 (a) The commissioner of human services shall fund demonstration projects for high
23.11 risk adults with serious mental illness and co-occurring substance abuse problems. The
23.12 projects must include, but not be limited to, the following:

23.13 (1) housing services, including rent or housing subsidies, housing with clinical
23.14 staff, or housing support;

23.15 (2) assertive outreach services; and

23.16 (3) intensive direct therapeutic, rehabilitative, and care management services
23.17 oriented to harm reduction.

23.18 (b) The commissioner shall work with housing providers to ensure proper licensure
23.19 to meet medical assistance or third party payor reimbursement requirements.

23.20 Sec. 13. **APPROPRIATIONS.**

23.21 Subdivision 1. **Employment support.** (a) \$..... is appropriated in fiscal year
23.22 2008 from the general fund to the commissioner of the Department of Employment and
23.23 Economic Development to fund special projects focused on providing employment
23.24 support under section 10.

23.25 (b) \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated to the
23.26 commissioner of the Department of Employment and Economic Development for the
23.27 extended employment-serious mental illness program under section 10.

23.28 Subd. 2. **Community mental health programs.** \$..... is appropriated in fiscal year
23.29 2008 from the general fund to the commissioner of human services to contract for training
23.30 and consultation for clinical supervisors and staff of community mental health centers who
23.31 provide services to children and adults. The purpose of the training and consultation is to
23.32 improve clinical supervision of staff, strengthen compliance with federal and state rules

24.1 and regulations, and to recommend strategies for standardization and simplification of
24.2 administrative functions among community mental health centers.

24.3 Subd. 3. **Suicide intervention and prevention grant.** \$..... in fiscal year 2008 and
24.4 \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of
24.5 human services for grants for institutions of higher education in the state of Minnesota to
24.6 coordinate implementation of youth suicide early intervention and prevention strategies.

24.7 Subd. 4. **Culturally competent mental health services grants.** \$..... in fiscal
24.8 year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the
24.9 commissioner of human services for development and implementation of grants for
24.10 culturally competent mental health services under section 5.

24.11 Subd. 5. **Bridges rental housing assistance program.** \$3,400,000 in fiscal year
24.12 2008 and \$3,400,000 in fiscal year 2009 are appropriated from the general fund to the
24.13 Housing Finance Agency for the Bridges rental housing assistance program under
24.14 Minnesota Statutes, section 462A.2097. These appropriations are in addition to any base
24.15 appropriations for this purpose and shall become part of the agency's base.

24.16 Subd. 6. **MFIP and children's mental health pilot project.** \$..... in fiscal
24.17 year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the
24.18 commissioner of human services to fund the pilot project under section 7.

24.19 Subd. 7. **Mental health fatality review team.** \$35,000 in fiscal year 2008 and
24.20 \$35,000 in fiscal year 2009 are appropriated from the general fund to the Supreme Court
24.21 to fund the mental health fatality review team under section 8.

24.22 Subd. 8. **Crisis intervention training.** \$144,000 is appropriated in fiscal year 2008
24.23 from the general fund to the commissioner of public safety to fund grants to local police
24.24 departments to conduct crisis intervention training under section 6.

24.25 Subd. 9. **Televideo conferencing.** (b) \$..... in fiscal year 2008 and \$..... in fiscal
24.26 year 2009 are appropriated from the general fund to the commissioner of administration to
24.27 provide televideo conferencing under section 11.

24.28 Subd. 10. **Dual diagnosis; demonstration project.** \$..... in fiscal year 2008 and
24.29 \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of
24.30 human services to fund the demonstration projects under section 12.

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ARTICLE 4
MENTAL HEALTH FUNDING

Section 1. Minnesota Statutes 2006, section 256B.038, is amended to read:

256B.038 PROVIDER RATE INCREASES AFTER JUNE 30, 1999.

(a) For fiscal years beginning on or after July 1, 1999, the commissioner of finance shall include an annual inflationary adjustment in payment rates for the services listed in paragraph (b) as a budget change request in each biennial detailed expenditure budget submitted to the legislature under section 16A.11. The adjustment shall be accomplished by indexing the rates in effect for inflation based on the change in the Consumer Price Index-All Items (United States city average)(CPI-U) as forecasted by Data Resources, Inc., in the fourth quarter of the prior year for the calendar year during which the rate increase occurs.

(b) Within the limits of appropriations specifically for this purpose, the commissioner shall apply the rate increases in paragraph (a) to home and community-based waiver services for persons with developmental disabilities under section 256B.501; home and community-based waiver services for the elderly under section 256B.0915; waived services under community alternatives for disabled individuals under section 256B.49; community alternative care waived services under section 256B.49; traumatic brain injury waived services under section 256B.49; nursing services and home health services under section 256B.0625, subdivision 6a; personal care services and nursing supervision of personal care services under section 256B.0625, subdivision 19a; private duty nursing services under section 256B.0625, subdivision 7; day training and habilitation services for adults with developmental disabilities under sections 252.40 to 252.46; physical therapy services under sections 256B.0625, subdivision 8, and 256D.03, subdivision 4; occupational therapy services under sections 256B.0625, subdivision 8a, and 256D.03, subdivision 4; speech-language therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0390; respiratory therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0295; physician services under section 256B.0625, subdivision 3; dental services under sections 256B.0625, subdivision 9, and 256D.03, subdivision 4; alternative care services under section 256B.0913; adult residential program grants under Minnesota Rules, parts 9535.2000 to 9535.3000; adult and family community support grants under Minnesota Rules, parts 9535.1700 to 9535.1760; ~~and~~ semi-independent living services under section 252.275, including SILS funding under county social services grants formerly funded under chapter 256I; and children's therapeutic services and support services under section 256B.0943.

(c) The commissioner shall increase prepaid medical assistance program capitation rates as appropriate to reflect the rate increases in this section.

(d) In implementing this section, the commissioner shall consider proposing a schedule to equalize rates paid by different programs for the same service.

Sec. 2. Minnesota Statutes 2006, section 256B.0623, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, physician's assistants, or registered nurses.

(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

27.1 (d) "Family psychoeducation" is a multimodal outpatient therapy and rehabilitative
27.2 service that involves parents, families, and others as resources in the treatment, recovery,
27.3 and improved functioning of a person with mental illness or emotional disturbance,
27.4 in which families learn about the illness, family reactions, and types of treatment and
27.5 supports. Families learn to develop skills to handle problems posed by mental illness
27.6 including coping, managing stress, ensuring safety, creating social support, identifying
27.7 resources, and supporting treatment and recovery goals. Services include family
27.8 counseling, family treatment planning, and family support using cognitive, behavioral,
27.9 problem-solving, and communication strategies, and may involve individual, family, and
27.10 group intervention activities for consumers and families together, families only, or brief
27.11 intermittent consultations at critical times in an episode of care. Eligible providers must
27.12 be certified to provide both outpatient mental health services and rehabilitative services
27.13 under this section.

27.14 Sec. 3. Minnesota Statutes 2006, section 256B.0623, subdivision 8, is amended to read:

27.15 Subd. 8. **Diagnostic assessment.** Providers of adult rehabilitative mental health
27.16 services must complete a diagnostic assessment as defined in section 245.462, subdivision
27.17 9, within five days after the recipient's second visit or within 30 days after intake,
27.18 whichever occurs first. A diagnostic assessment must be reimbursed at the same rate
27.19 as a diagnostic assessment under section 256B.49, subdivision 14. In cases where a
27.20 diagnostic assessment is available that reflects the recipient's current status, and has been
27.21 completed within 180 days preceding admission, an update must be completed. An
27.22 update shall include a written summary by a mental health professional of the recipient's
27.23 current mental health status and service needs. If the recipient's mental health status
27.24 has changed significantly since the adult's most recent diagnostic assessment, a new
27.25 diagnostic assessment is required. For initial implementation of adult rehabilitative mental
27.26 health services, until June 30, 2005, a diagnostic assessment that reflects the recipient's
27.27 current status and has been completed within the past three years preceding admission
27.28 is acceptable.

27.29 Sec. 4. Minnesota Statutes 2006, section 256B.0623, subdivision 12, is amended to
27.30 read:

27.31 Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative
27.32 mental health services must comply with the requirements relating to referrals for case
27.33 management in section 245.467, subdivision 4.

(b) Adult rehabilitative mental health services are provided for most recipients in the recipient's home and community. Services may also be provided at the home of a relative or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom, or other places in the community. Except for "transition to community services," the place of service does not include a regional treatment center, nursing home, residential treatment facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or an acute care hospital.

(c) Adult rehabilitative mental health services may be provided in group settings if appropriate to each participating recipient's needs and treatment plan. A group is defined as two to ten clients, at least one of whom is a recipient, who is concurrently receiving a service which is identified in this section. The service and group must be specified in the recipient's treatment plan. No more than two qualified staff may bill Medicaid for services provided to the same group of recipients. If two adult rehabilitative mental health workers bill for recipients in the same group session, they must each bill for different recipients.

(d) Adult rehabilitative mental health services include family psychoeducation, coordination and care management, and collateral contacts.

Sec. 5. Minnesota Statutes 2006, section 256B.0625, subdivision 38, is amended to read:

Subd. 38. **Payments for mental health services.** (a) Payments for mental health services covered under the medical assistance program that are provided by masters-prepared mental health professionals shall be 80 percent of the rate paid to doctoral-prepared professionals. Payments for mental health services covered under the medical assistance program that are provided by masters-prepared mental health professionals employed by community mental health centers shall be 100 percent of the rate paid to doctoral-prepared professionals. ~~For purposes of reimbursement of mental health professionals under the medical assistance program, all~~

(b) Payments for mental health services covered under the medical assistance program that are provided by social workers who:

(1) have received a master's degree in social work from a program accredited by the Council on Social Work Education;

(2) are licensed at the level of graduate social worker or independent social worker;
~~and~~

(3) are practicing clinical social work under appropriate supervision, as defined by chapter 148D; and

(4) meet all requirements under Minnesota Rules, part 9505.0323, subpart 24, and
Payments under this paragraph shall be paid accordingly according to Minnesota Rules,
part 9505.0323, subpart 24, unless paragraph (c) is applicable.

(c) Payments for mental health services covered under the medical assistance
program that are provided by an individual who:

(1) is employed by a community mental health center and who has completed all
requirements for licensure or board certification as a mental health professional except for
the requirements for supervised experience in the delivery of mental health services; or

(2) who is a student in a bona fide field placement or internship under a program
leading to completion of the requirements for licensure as a mental health professional
shall be reimbursed at 100 percent of the rate paid to a doctoral-prepared professional.
The individual providing the service under this paragraph must be under the clinical
supervision of a fully qualified mental health professional.

(d) Medical assistance covers clinical supervision of mental health practitioners by a
mental health professional when clinical supervision is required as part of other medical
assistance services.

Sec. 6. Minnesota Statutes 2006, section 256B.0625, subdivision 43, is amended to
read:

Subd. 43. **Mental health provider travel time.** Medical assistance covers provider
travel time plus reimbursement for mileage if a recipient's individual treatment plan
requires the provision of mental health services outside of the provider's normal place of
business. ~~This~~ Reimbursement under this subdivision does not include any travel time
which is included in other billable services, and is only covered when the mental health
service being provided to a recipient is covered under medical assistance.

Sec. 7. Minnesota Statutes 2006, section 256B.0625, subdivision 46, is amended to
read:

Subd. 46. **Mental health telemedicine.** Effective January 1, 2006, and subject to
federal approval, mental health services that are otherwise covered by medical assistance
as direct face-to-face services may be provided via two-way interactive video. Use of
two-way interactive video must be medically appropriate to the condition and needs
of the person being served. Reimbursement is at the same rates and under the same
conditions that would otherwise apply to the service and shall include payment for the
originating facility fee and the cost of broadband connections. The interactive video

30.1 equipment and connection must comply with Medicare standards in effect at the time
30.2 the service is provided.

30.3 Sec. 8. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
30.4 subdivision to read:

30.5 Subd. 49. **Peer-to-peer support services.** Effective January 1, 2008, and subject to
30.6 federal approval, medical assistance covers peer-to-peer support services.

30.7 Sec. 9. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
30.8 subdivision to read:

30.9 Subd. 50. **Intensive mental health outpatient treatment.** (a) Medical assistance
30.10 covers intensive mental health outpatient treatment. Intensive mental health outpatient
30.11 treatment is a multimodal, therapeutic, and rehabilitative service that is provided for at
30.12 least two hours per day and at least nine to 20 hours per week. The service provides an
30.13 opportunity to combine existing covered services to deliver the necessary intensity and
30.14 frequency of services identified in the individual treatment plan. Components of intensive
30.15 mental health outpatient treatment include, but are not limited to:

30.16 (1) individual, family, or multifamily group psychotherapy or psychoeducational
30.17 services;

30.18 (2) adjunctive services such as medical monitoring, family psychoeducation,
30.19 behavioral parent training, rehabilitative services, medication education, relapse
30.20 prevention, illness management and recovery services, and care coordination; and

30.21 (3) service coordination and referral for medical care or social services.

30.22 (b) During transition into or from services, intensive outpatient treatment under
30.23 paragraph (a) may include time-limited services in multiple settings as clinically
30.24 necessary. The service must be paid as a per diem based on 90 percent of the rate paid
30.25 for partial hospitalization. Eligible providers must be licensed or certified to provide
30.26 all aspects of the service.

30.27 Sec. 10. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
30.28 subdivision to read:

30.29 Subd. 51. **Care management.** Medical assistance covers up to six hours of service
30.30 per client per year, without authorization, of coordination and care management as a
30.31 component of children's therapeutic services and supports, adult rehabilitative mental
30.32 health services, or community mental health services. These services must be directed by

31.1 an individual treatment plan and are solely for the purpose of improving continuity and
31.2 access to appropriate and necessary services.

31.3 Sec. 11. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
31.4 subdivision to read:

31.5 Subd. 52. **Collateral contacts.** Medical assistance covers up to six hours of service
31.6 per client per year of collateral contacts as a component of children's therapeutic services
31.7 and supports, adult rehabilitative mental health services, and community mental health
31.8 services. These services must be directed by an individual treatment plan, and are solely
31.9 for the purpose of assisting parents and others toward understanding, accommodating, and
31.10 better caregiving of the person with mental illness or emotional disturbance.

31.11 Sec. 12. Minnesota Statutes 2006, section 256B.0625, is amended by adding a
31.12 subdivision to read:

31.13 Subd. 53. **Mental health services; dual eligible clients.** Effective for services
31.14 rendered on or after January 1, 2008, medical assistance payments for community
31.15 mental health and psychiatry services provided to dual eligible clients shall be paid at
31.16 the Medicare reimbursement rate or at the medical assistance payment rate in effect on
31.17 January 1, 2008, whichever is greater.

31.18 Sec. 13. Minnesota Statutes 2006, section 256B.0943, subdivision 1, is amended to
31.19 read:

31.20 Subdivision 1. **Definitions.** For purposes of this section, the following terms have
31.21 the meanings given them.

31.22 (a) "Children's therapeutic services and supports" means the flexible package of
31.23 mental health services for children who require varying therapeutic and rehabilitative
31.24 levels of intervention. The services are time-limited interventions that are delivered using
31.25 various treatment modalities and combinations of services designed to reach treatment
31.26 outcomes identified in the individual treatment plan.

31.27 (b) "Clinical supervision" means the overall responsibility of the mental health
31.28 professional for the control and direction of individualized treatment planning, service
31.29 delivery, and treatment review for each client. A mental health professional who is an
31.30 enrolled Minnesota health care program provider accepts full professional responsibility
31.31 for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,
31.32 and oversees or directs the supervisee's work.

(c) "County board" means the county board of commissioners or board established under sections 402.01 to 402.10 or 471.59.

(d) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a.

(e) "Culturally competent provider" means a provider who understands and can utilize to a client's benefit the client's culture when providing services to the client. A provider may be culturally competent because the provider is of the same cultural or ethnic group as the client or the provider has developed the knowledge and skills through training and experience to provide services to culturally diverse clients.

(f) "Day treatment program" for children means a site-based structured program consisting of group psychotherapy for more than three individuals and other intensive therapeutic services provided by a multidisciplinary team, under the clinical supervision of a mental health professional.

(g) "Diagnostic assessment" has the meaning given in section 245.4871, subdivision 11.

(h) "Direct service time" means the time that a mental health professional, mental health practitioner, or mental health behavioral aide spends face-to-face with a client and the client's family. Direct service time includes time in which the provider obtains a client's history or provides service components of children's therapeutic services and supports. Direct service time does not include time doing work before and after providing direct services, including scheduling, maintaining clinical records, consulting with others about the client's mental health status, preparing reports, receiving clinical supervision directly related to the client's psychotherapy session, and revising the client's individual treatment plan.

(i) "Direction of mental health behavioral aide" means the activities of a mental health professional or mental health practitioner in guiding the mental health behavioral aide in providing services to a client. The direction of a mental health behavioral aide must be based on the client's individualized treatment plan and meet the requirements in subdivision 6, paragraph (b), clause (5).

(j) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15. For persons at least age 18 but under age 21, mental illness has the meaning given in section 245.462, subdivision 20, paragraph (a).

(k) "Family psychoeducation" is a multimodal outpatient therapy and rehabilitative service that involves parents, families, and others as resources in the treatment, recovery, and improved functioning of a person with mental illness or emotional disturbance, in which families learn about the illness, family reactions, and types of treatment and supports. Families learn to develop skills to handle problems posed by mental illness

including coping, managing stress, ensuring safety, creating social support, identifying resources, and supporting treatment and recovery goals. Services include family counseling, family treatment planning, and family support using cognitive, behavioral, problem-solving, and communication strategies, and may involve individual, family, and group intervention activities for consumers and families together, families only, or brief intermittent consultations at critical times in an episode of care. Eligible providers must be certified to provide both outpatient mental health services and rehabilitative services under sections 256B.0623 and 256B.0943.

(l) "Individual behavioral plan" means a plan of intervention, treatment, and services for a child written by a mental health professional or mental health practitioner, under the clinical supervision of a mental health professional, to guide the work of the mental health behavioral aide.

~~(m)~~ (m) "Individual treatment plan" has the meaning given in section 245.4871, subdivision 21.

~~(n)~~ (n) "Mental health professional" means an individual as defined in section 245.4871, subdivision 27, clauses (1) to (5), or tribal vendor as defined in section 256B.02, subdivision 7, paragraph (b).

~~(o)~~ (o) "Preschool program" means a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, and enrolled as a children's therapeutic services and supports provider to provide a structured treatment program to a child who is at least 33 months old but who has not yet attended the first day of kindergarten.

~~(p)~~ (p) "Skills training" means individual, family, or group training designed to improve the basic functioning of the child with emotional disturbance and the child's family in the activities of daily living and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. Individual, family, and group skills training must:

(1) consist of activities designed to promote skill development of the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

(2) consist of activities that will assist the family's understanding of normal child development and to use parenting skills that will help the child with emotional disturbance achieve the goals outlined in the child's individual treatment plan; and

(3) promote family preservation and unification, promote the family's integration with the community, and reduce the use of unnecessary out-of-home placement or institutionalization of children with emotional disturbance.

34.1 Sec. 14. Minnesota Statutes 2006, section 256B.0943, subdivision 2, is amended to
34.2 read:

34.3 Subd. 2. **Covered service components of children's therapeutic services and**
34.4 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary
34.5 children's therapeutic services and supports as defined in this section that an eligible
34.6 provider entity under subdivisions 4 and 5 provides to a client eligible under subdivision 3.

34.7 (b) The service components of children's therapeutic services and supports are:

34.8 (1) individual, family, ~~and~~ group psychotherapy, and family psychoeducation;

34.9 (2) individual, family, or group skills training provided by a mental health
34.10 professional or mental health practitioner;

34.11 (3) crisis assistance;

34.12 (4) mental health behavioral aide services; ~~and~~

34.13 (5) direction of a mental health behavioral aide;

34.14 (6) coordination and care management; and

34.15 (7) collateral contacts.

34.16 (c) Service components may be combined to constitute therapeutic programs,
34.17 including day treatment programs and preschool programs. Although day treatment and
34.18 preschool programs have specific client and provider eligibility requirements, medical
34.19 assistance only pays for the service components listed in paragraph (b).

34.20 Sec. 15. Minnesota Statutes 2006, section 256B.0943, is amended by adding a
34.21 subdivision to read:

34.22 Subd. 11a. **Reimbursement of diagnostic assessments.** A diagnostic assessment
34.23 under this section must be reimbursed at the same rate as a diagnostic assessment under
34.24 section 256B.49, subdivision 14.

34.25 Sec. 16. Minnesota Statutes 2006, section 256B.69, subdivision 5g, is amended to read:

34.26 Subd. 5g. **Payment for covered services.** For services rendered on or after January
34.27 1, 2003, the total payment made to managed care plans for providing covered services
34.28 under the medical assistance and general assistance medical care programs is reduced by
34.29 .5 percent from their current statutory rates. This provision excludes payments for nursing
34.30 home services, home and community-based waivers, and payments to demonstration
34.31 projects for persons with disabilities, and mental health services added as covered benefits
34.32 after December 31, 2007.

34.33 Sec. 17. Minnesota Statutes 2006, section 256B.69, subdivision 5h, is amended to read:

35.1 Subd. 5h. **Payment reduction.** In addition to the reduction in subdivision 5g,
35.2 the total payment made to managed care plans under the medical assistance program is
35.3 reduced 1.0 percent for services provided on or after October 1, 2003, and an additional
35.4 1.0 percent for services provided on or after January 1, 2004. This provision excludes
35.5 payments for nursing home services, home and community-based waivers, ~~and~~ payments
35.6 to demonstration projects for persons with disabilities, and mental health services added as
35.7 covered benefits after December 1, 2007.

35.8 Sec. 18. Minnesota Statutes 2006, section 256B.761, is amended to read:

35.9 **256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

35.10 (a) Effective for services rendered on or after July 1, ~~2001~~ 2007, payment for
35.11 medication management provided to psychiatric patients, outpatient mental health
35.12 services, day treatment services, home-based mental health services, and family
35.13 community support services shall be paid at the lower of (1) submitted charges, or (2) 75.6
35.14 percent of the 50th percentile of 1999 charges.

35.15 (b) Effective July 1, 2001, the medical assistance rates for outpatient mental health
35.16 services provided by an entity that operates: (1) a Medicare-certified comprehensive
35.17 outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1,
35.18 1993, with at least 33 percent of the clients receiving rehabilitation services in the most
35.19 recent calendar year who are medical assistance recipients, will be increased by 38 percent,
35.20 when those services are provided within the comprehensive outpatient rehabilitation
35.21 facility and provided to residents of nursing facilities owned by the entity.

35.22 (c) Notwithstanding section 256B.03, subdivision 1, effective July 1, 2007, the
35.23 medical assistance payment rates for mental health services provided by mental health
35.24 professionals shall be determined by using the average usual and customary charge of
35.25 the doctoral-prepared professionals only.

35.26 Sec. 19. Minnesota Statutes 2006, section 256B.763, is amended to read:

35.27 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

35.28 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007,
35.29 payment rates shall be increased by 23.7 percent over the rates in effect on January 1,
35.30 2006, for:

- 35.31 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
35.32 (2) community mental health centers under section 256B.0625, subdivision 5; ~~and~~

(3) mental health clinics and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments that are designated as essential community providers under section 62Q.19; and

(4) providers of individual and group skills training, individual and group psychotherapy, diagnostic assessments, and other services when provided as a component of children's therapeutic services and support.

(b) This increase applies to group skills training when provided as a component of children's therapeutic services and support, psychotherapy, medication management, evaluation and management, diagnostic assessment, explanation of findings, psychological testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

(c) This increase does not apply to rates that are governed by section 256B.0625, subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated with the county, rates that are established by the federal government, or rates that increased between January 1, 2004, and January 1, 2005.

(d) The commissioner shall adjust rates paid to prepaid health plans under contract with the commissioner to reflect the rate increases provided in paragraph (a). The prepaid health plan must pass this rate increase to the providers identified in paragraph (a).

Sec. 20. Minnesota Statutes 2006, section 256D.03, subdivision 4, is amended to read:

Subd. 4. **General assistance medical care; services.** (a)(i) For a person who is eligible under subdivision 3, paragraph (a), clause (2), item (i), general assistance medical care covers, except as provided in paragraph (c):

- (1) inpatient hospital services;
- (2) outpatient hospital services;
- (3) services provided by Medicare certified rehabilitation agencies;
- (4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;
- (5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;
- (6) eyeglasses and eye examinations provided by a physician or optometrist;
- (7) hearing aids;
- (8) prosthetic devices;
- (9) laboratory and X-ray services;
- (10) physician's services;
- (11) medical transportation except special transportation;

37.1 (12) chiropractic services as covered under the medical assistance program;

37.2 (13) podiatric services;

37.3 (14) dental services as covered under the medical assistance program;

37.4 ~~(15) outpatient services provided by a mental health center or clinic that is under~~

37.5 ~~contract with the county board and is established under section 245.62~~ mental health

37.6 services covered under chapter 256B;

37.7 ~~(16) day treatment services for mental illness provided under contract with the~~

37.8 ~~county board;~~

37.9 ~~(17)~~ prescribed medications for persons who have been diagnosed as mentally ill as

37.10 necessary to prevent more restrictive institutionalization;

37.11 ~~(18) psychological services;~~ (17) medical supplies and equipment, and Medicare

37.12 premiums, coinsurance and deductible payments;

37.13 ~~(19)~~ (18) medical equipment not specifically listed in this paragraph when the use

37.14 of the equipment will prevent the need for costlier services that are reimbursable under

37.15 this subdivision;

37.16 ~~(20)~~ (19) services performed by a certified pediatric nurse practitioner, a

37.17 certified family nurse practitioner, a certified adult nurse practitioner, a certified

37.18 obstetric/gynecological nurse practitioner, a certified neonatal nurse practitioner, or a

37.19 certified geriatric nurse practitioner in independent practice, if (1) the service is otherwise

37.20 covered under this chapter as a physician service, (2) the service provided on an inpatient

37.21 basis is not included as part of the cost for inpatient services included in the operating

37.22 payment rate, and (3) the service is within the scope of practice of the nurse practitioner's

37.23 license as a registered nurse, as defined in section 148.171;

37.24 ~~(21)~~ (20) services of a certified public health nurse or a registered nurse practicing

37.25 in a public health nursing clinic that is a department of, or that operates under the direct

37.26 authority of, a unit of government, if the service is within the scope of practice of the

37.27 public health nurse's license as a registered nurse, as defined in section 148.171;

37.28 ~~(22)~~ (21) telemedicine consultations, to the extent they are covered under section

37.29 256B.0625, subdivision 3b; ~~and~~

37.30 ~~(23) mental health telemedicine and psychiatric consultation as covered under~~

37.31 ~~section 256B.0625, subdivisions 46 and 48~~

37.32 (22) up to six hours of service per client per year, without authorization, of

37.33 consultation and care coordination as directed by an individual treatment plan, and as a

37.34 component of children's therapeutic services and supports, adult rehabilitative mental

37.35 health services, or community mental health services; and

(23) up to six hours of service per client per year for collateral contacts as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. These services must be directed by an individual treatment plan and are solely for the purpose of assisting parents and others toward understanding, accommodating, and better caregiving of the person with mental illness or emotional disturbance.

(ii) Effective October 1, 2003, for a person who is eligible under subdivision 3, paragraph (a), clause (2), item (ii), general assistance medical care coverage is limited to inpatient hospital services, including physician services provided during the inpatient hospital stay. A \$1,000 deductible is required for each inpatient hospitalization.

(b) Effective August 1, 2005, sex reassignment surgery is not covered under this subdivision.

(c) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later years, the commissioner shall consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology.

(d) Recipients eligible under subdivision 3, paragraph (a), shall pay the following co-payments for services provided on or after October 1, 2003:

(1) \$25 for eyeglasses;

(2) \$25 for nonemergency visits to a hospital-based emergency room;

(3) \$3 per brand-name drug prescription and \$1 per generic drug prescription, subject to a \$12 per month maximum for prescription drug co-payments. No co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness; and

(4) 50 percent coinsurance on restorative dental services.

(e) Co-payments shall be limited to one per day per provider for nonpreventive visits, eyeglasses, and nonemergency visits to a hospital-based emergency room. Recipients of general assistance medical care are responsible for all co-payments in this subdivision. The general assistance medical care reimbursement to the provider shall be reduced by the amount of the co-payment, except that reimbursement for prescription drugs shall not be reduced once a recipient has reached the \$12 per month maximum for prescription drug co-payments. The provider collects the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment, except as provided in paragraph (f).

(f) If it is the routine business practice of a provider to refuse service to an individual with uncollected debt, the provider may include uncollected co-payments under this section. A provider must give advance notice to a recipient with uncollected debt before services can be denied.

(g) Any county may, from its own resources, provide medical payments for which state payments are not made.

(h) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.

(i) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.

(j) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule.

(k) Inpatient and outpatient payments shall be reduced by five percent, effective July 1, 2003. This reduction is in addition to the five percent reduction effective July 1, 2003, and incorporated by reference in paragraph (i).

(l) Payments for all other health services except inpatient, outpatient, and pharmacy services shall be reduced by five percent, effective July 1, 2003.

(m) Payments to managed care plans shall be reduced by five percent for services provided on or after October 1, 2003.

(n) A hospital receiving a reduced payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

(o) Fee-for-service payments for nonpreventive visits shall be reduced by \$3 for services provided on or after January 1, 2006. For purposes of this subdivision, a visit means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, advance practice nurse, audiologist, optician, or optometrist.

(p) Payments to managed care plans shall not be increased as a result of the removal of the \$3 nonpreventive visit co-payment effective January 1, 2006.

(q) Payments for mental health services added as covered benefits after December 1, 2007, are not subject to the reductions in paragraphs (i), (k), (l), and (m).

Sec. 21. Minnesota Statutes 2006, section 256D.44, subdivision 5, is amended to read:

Subd. 5. **Special needs.** In addition to the state standards of assistance established in subdivisions 1 to 4, payments are allowed for the following special needs of recipients of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment center, or a group residential housing facility.

(a) The county agency shall pay a monthly allowance for medically prescribed diets if the cost of those additional dietary needs cannot be met through some other maintenance benefit. The need for special diets or dietary items must be prescribed by a licensed physician. Costs for special diets shall be determined as percentages of the allotment for a one-person household under the thrifty food plan as defined by the United States Department of Agriculture. The types of diets and the percentages of the thrifty food plan that are covered are as follows:

- (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;
- (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent of thrifty food plan;
- (3) controlled protein diet, less than 40 grams and requires special products, 125 percent of thrifty food plan;
- (4) low cholesterol diet, 25 percent of thrifty food plan;
- (5) high residue diet, 20 percent of thrifty food plan;
- (6) pregnancy and lactation diet, 35 percent of thrifty food plan;
- (7) gluten-free diet, 25 percent of thrifty food plan;
- (8) lactose-free diet, 25 percent of thrifty food plan;
- (9) antidumping diet, 15 percent of thrifty food plan;
- (10) hypoglycemic diet, 15 percent of thrifty food plan; or
- (11) ketogenic diet, 25 percent of thrifty food plan.

(b) Payment for nonrecurring special needs must be allowed for necessary home repairs or necessary repairs or replacement of household furniture and appliances using the payment standard of the AFDC program in effect on July 16, 1996, for these expenses, as long as other funding sources are not available.

(c) A fee for guardian or conservator service is allowed at a reasonable rate negotiated by the county or approved by the court. This rate shall not exceed five percent of the assistance unit's gross monthly income up to a maximum of \$100 per month. If the guardian or conservator is a member of the county agency staff, no fee is allowed.

(d) The county agency shall continue to pay a monthly allowance of \$68 for restaurant meals for a person who was receiving a restaurant meal allowance on June 1, 1990, and who eats two or more meals in a restaurant daily. The allowance must continue until the person has not received Minnesota supplemental aid for one full calendar month or until the person's living arrangement changes and the person no longer meets the criteria for the restaurant meal allowance, whichever occurs first.

(e) A fee of ten percent of the recipient's gross income or \$25, whichever is less, is allowed for representative payee services provided by an agency that meets the requirements under SSI regulations to charge a fee for representative payee services. This special need is available to all recipients of Minnesota supplemental aid regardless of their living arrangement.

(f) Notwithstanding the language in this subdivision, an amount equal to the maximum allotment authorized by the federal Food Stamp Program for a single individual which is in effect on the first day of ~~January~~ July of the ~~previous~~ current state fiscal year will be added to the standards of assistance established in subdivisions 1 to 4 for individuals under the age of 65 who are relocating from an institution, ~~or~~ an adult mental health residential treatment program under section 256B.0622, or an adult eligible for the community alternatives for disabled individuals waiver, and who are shelter needy. An eligible individual who receives this benefit prior to age 65 may continue to receive the benefit after the age of 65.

"Shelter needy" means that the assistance unit incurs monthly shelter costs that exceed 40 percent of the assistance unit's gross income before the application of this special needs standard. "Gross income" for the purposes of this section is the applicant's or recipient's income as defined in section 256D.35, subdivision 10, or the standard specified in subdivision 3, whichever is greater. A recipient of a federal or state housing subsidy, that limits shelter costs to a percentage of gross income, shall not be considered shelter needy for purposes of this paragraph.

42.1 Sec. 22. Minnesota Statutes 2006, section 256L.03, subdivision 1, is amended to read:

42.2 Subdivision 1. **Covered health services.** For individuals under section 256L.04,
42.3 subdivision 7, with income no greater than 75 percent of the federal poverty guidelines
42.4 or for families with children under section 256L.04, subdivision 1, all subdivisions of
42.5 this section apply. "Covered health services" means the health services reimbursed
42.6 under chapter 256B, with the exception of inpatient hospital services, special education
42.7 services, private duty nursing services, adult dental care services other than services
42.8 covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency
42.9 medical transportation services, personal care assistant and case management services,
42.10 nursing home or intermediate care facilities services, inpatient mental health services,
42.11 and chemical dependency services. ~~Outpatient mental health services covered under the~~
42.12 ~~MinnesotaCare program are limited to diagnostic assessments, psychological testing,~~
42.13 ~~explanation of findings, mental health telemedicine, psychiatric consultation, medication~~
42.14 ~~management by a physician, day treatment, partial hospitalization, and individual, family,~~
42.15 ~~and group psychotherapy.~~

42.16 No public funds shall be used for coverage of abortion under MinnesotaCare
42.17 except where the life of the female would be endangered or substantial and irreversible
42.18 impairment of a major bodily function would result if the fetus were carried to term; or
42.19 where the pregnancy is the result of rape or incest.

42.20 Covered health services shall be expanded as provided in this section.

42.21 Sec. 23. Minnesota Statutes 2006, section 256L.03, subdivision 5, is amended to read:

42.22 Subd. 5. **Co-payments and coinsurance.** (a) Except as provided in paragraphs (b)
42.23 and (c), the MinnesotaCare benefit plan shall include the following co-payments and
42.24 coinsurance requirements for all enrollees:

42.25 (1) ten percent of the paid charges for inpatient hospital services for adult enrollees,
42.26 subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual and
42.27 \$3,000 per family;

42.28 (2) \$3 per prescription for adult enrollees;

42.29 (3) \$25 for eyeglasses for adult enrollees;

42.30 (4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an
42.31 episode of service which is required because of a recipient's symptoms, diagnosis, or
42.32 established illness, and which is delivered in an ambulatory setting by a physician or
42.33 physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse,
42.34 audiologist, optician, or optometrist; and

42.35 (5) \$6 for nonemergency visits to a hospital-based emergency room.

(b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 in households with family income equal to or less than 175 percent of the federal poverty guidelines. Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 in households with family income greater than 175 percent of the federal poverty guidelines for inpatient hospital admissions occurring on or after January 1, 2001.

(c) Paragraph (a), clauses (1) to (4), do not apply to pregnant women and children under the age of 21.

(d) Paragraph (a), clause (4), does not apply to mental health services.

(e) Adult enrollees with family gross income that exceeds 175 percent of the federal poverty guidelines and who are not pregnant shall be financially responsible for the coinsurance amount, if applicable, and amounts which exceed the \$10,000 inpatient hospital benefit limit.

~~(e)~~ (f) When a MinnesotaCare enrollee becomes a member of a prepaid health plan, or changes from one prepaid health plan to another during a calendar year, any charges submitted towards the \$10,000 annual inpatient benefit limit, and any out-of-pocket expenses incurred by the enrollee for inpatient services, that were submitted or incurred prior to enrollment, or prior to the change in health plans, shall be disregarded.

Sec. 24. Minnesota Statutes 2006, section 256L.035, is amended to read:

256L.035 LIMITED BENEFITS COVERAGE FOR CERTAIN SINGLE ADULTS AND HOUSEHOLDS WITHOUT CHILDREN.

(a) "Covered health services" for individuals under section 256L.04, subdivision 7, with income above 75 percent, but not exceeding 175 percent, of the federal poverty guideline means:

(1) inpatient hospitalization benefits with a ten percent co-payment up to \$1,000 and subject to an annual limitation of \$10,000;

(2) physician services provided during an inpatient stay; and

(3) physician services not provided during an inpatient stay; outpatient hospital services; freestanding ambulatory surgical center services; chiropractic services; lab and diagnostic services; diabetic supplies and equipment; mental health services as covered under chapter 256B; and prescription drugs; subject to the following co-payments:

(i) \$50 co-pay per emergency room visit;

(ii) \$3 co-pay per prescription drug; and

(iii) \$5 co-pay per nonpreventive visit; except this co-pay does not apply to mental health services or community mental health services.

The services covered under this section may be provided by a physician, physician ancillary, chiropractor, psychologist, ~~or~~ licensed independent clinical social worker, or other mental health providers covered under chapter 256B if the services are within the scope of practice of that health care professional.

For purposes of this section, "a visit" means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by any health care provider identified in this paragraph.

Enrollees are responsible for all co-payments in this section.

(b) Reimbursement to the providers shall be reduced by the amount of the co-payment, except that reimbursement for prescription drugs shall not be reduced once a recipient has reached the \$20 per month maximum for prescription drug co-payments. The provider collects the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment, except as provided in paragraph (c).

(c) If it is the routine business practice of a provider to refuse service to an individual with uncollected debt, the provider may include uncollected co-payments under this section. A provider must give advance notice to a recipient with uncollected debt before services can be denied.

Sec. 25. Minnesota Statutes 2006, section 256L.07, subdivision 3, is amended to read:

Subd. 3. **Other health coverage.** (a) Families and individuals enrolled in the MinnesotaCare program must have no health coverage while enrolled ~~or for at least four months prior to application and renewal~~. Children enrolled in the original children's health plan and children in families with income equal to or less than 150 percent of the federal poverty guidelines, who have other health insurance, are eligible if the coverage:

(1) lacks two or more of the following:

(i) basic hospital insurance;

(ii) medical-surgical insurance;

(iii) prescription drug coverage;

(iv) dental coverage; ~~or~~

(v) vision coverage; or

(vi) mental health coverage;

(2) requires a deductible of \$100 or more per person per year; or

(3) lacks coverage because the child has exceeded the maximum coverage for a particular diagnosis or the policy excludes a particular diagnosis.

The commissioner may change this eligibility criterion for sliding scale premiums in order to remain within the limits of available appropriations. The requirement of no health coverage does not apply to newborns.

(b) Medical assistance, general assistance medical care, and the Civilian Health and Medical Program of the Uniformed Service, CHAMPUS, or other coverage provided under United States Code, title 10, subtitle A, part II, chapter 55, are not considered insurance or health coverage for purposes of the four-month requirement described in this subdivision.

(c) For purposes of this subdivision, an applicant or enrollee who is entitled to Medicare Part A or enrolled in Medicare Part B coverage under title XVIII of the Social Security Act, United States Code, title 42, sections 1395c to 1395w-152, is considered to have health coverage. An applicant or enrollee who is entitled to premium-free Medicare Part A may not refuse to apply for or enroll in Medicare coverage to establish eligibility for MinnesotaCare.

(d) Applicants who were recipients of medical assistance or general assistance medical care within one month of application must meet the provisions of this subdivision and subdivision 2.

(e) Cost-effective health insurance that was paid for by medical assistance is not considered health coverage for purposes of the four-month requirement under this section, except if the insurance continued after medical assistance no longer considered it cost-effective or after medical assistance closed.

Sec. 26. Minnesota Statutes 2006, section 256L.12, subdivision 9a, is amended to read:

Subd. 9a. **Rate setting; ratable reduction.** For services rendered on or after October 1, 2003, the total payment made to managed care plans under the MinnesotaCare program is reduced 1.0 percent. This provision excludes payments for mental health services added as covered benefits after December 31, 2007.

Sec. 27. **MENTAL HEALTH SERVICES PROVIDER RATE INCREASES.**

(a) The commissioner of human services shall increase reimbursement rates or rate limits, as applicable, by 2.2553 percent for the rate period beginning October 1, 2007, and the rate period beginning October 1, 2008, effective for services rendered on or after those dates.

(b) The 2.2553 percent annual rate increase described in this section must be provided to:

(1) children's therapeutic services and supports under section 256B.0943; and

(2) adult rehabilitative mental health services under section 256B.0623.

46.1 (c) Providers that receive a rate increase under this section shall use 75 percent of
46.2 the additional revenue to increase wages and benefits and pay associated costs for all
46.3 employees, except for management fees, the administrator, and central office staffs.

46.4 (d) For public employees, the increase for wages and benefits for certain staff is
46.5 available and pay rates shall be increased only to the extent that they comply with laws
46.6 governing public employees collective bargaining. Money received by a provider for pay
46.7 increases under this section may be used only for increases implemented on or after the
46.8 first day of the rate period in which the increase is available and must not be used for
46.9 increases implemented prior to that date.

46.10 (e) A copy of the provider's plan for complying with paragraph (c) must be made
46.11 available to all employees by giving each employee a copy or by posting a copy in an area
46.12 of the provider's operation to which all employees have access. If an employee does not
46.13 receive the adjustment, if any, described in the plan and is unable to resolve the problem
46.14 with the provider, the employee may contact the employee's union representative. If the
46.15 employee is not covered by a collective bargaining agreement, the employee may contact
46.16 the commissioner at a telephone number provided by the commissioner and included in
46.17 the provider's plan.

46.18 Sec. 28. **APPROPRIATIONS.**

46.19 Subdivision 1. **Mobile mental health crisis services.** (a) \$5,000,000 in fiscal year
46.20 2008 and \$7,250,000 in fiscal year 2009 are appropriated from the general fund to the
46.21 commissioner of human services for statewide funding of mobile mental health crisis
46.22 services.

46.23 (b) Providers must utilize all available funding streams.

46.24 Subd. 2. **Mental health tracking system.** \$448,000 in fiscal year 2008 and
46.25 \$324,000 in fiscal year 2009 are appropriated from the general fund to the commissioner
46.26 of human services to fund implementation of the mental health services outcomes and
46.27 tracking system.

46.28 Subd. 3. **Suicide prevention program.** \$1,100,000 in fiscal year 2008 and
46.29 \$1,100,000 in fiscal year 2009 are appropriated from the general fund to the commissioner
46.30 of health to fund the suicide prevention program.