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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **1260**

02/15/2017 Authored by Cornish, Considine and Johnson, C.,  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
03/15/2017 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to human services; expanding medical assistance coverage to postarrest  
1.3 community-based service coordination; amending Minnesota Statutes 2016, section  
1.4 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2016, section 256B.0625, is amended by adding a subdivision  
1.7 to read:

1.8 Subd. 56a. Postarrest community-based service coordination. (a) Medical assistance  
1.9 covers postarrest community-based service coordination for an individual who:

1.10 (1) has been identified as having a mental illness or substance use disorder using a  
1.11 screening tool approved by the commissioner;

1.12 (2) does not require the security of a public detention facility and is not considered an  
1.13 inmate of a public institution as defined in Code of Federal Regulations, title 42, section  
1.14 435.1010;

1.15 (3) meets the eligibility requirements in section 256B.056; and

1.16 (4) has agreed to participate in postarrest community-based service coordination through  
1.17 a diversion contract in lieu of incarceration.

1.18 (b) Postarrest community-based service coordination means navigating services to  
1.19 address a client's mental health, chemical health, social, economic, and housing needs or  
1.20 any other activity targeted at reducing the incidence of jail utilization and connecting  
1.21 individuals with existing covered services available to them, including but not limited to  
1.22 targeted case management, waiver case management, or care coordination.

2.1 (c) Postarrest community-based service coordination must be provided by individuals  
2.2 who are qualified under one of the following criteria:

2.3 (1) a licensed mental health professional as defined in section 245.462, subdivision 18,  
2.4 clauses (1) to (6);

2.5 (2) a mental health practitioner as defined in section 245.462, subdivision 17, working  
2.6 under the clinical supervision of a mental health professional; or

2.7 (3) a certified peer specialist under section 256B.0615, working under the clinical  
2.8 supervision of a mental health professional.

2.9 (d) Reimbursement must be made in 15-minute increments and allowed for up to 60  
2.10 days following the initial determination of eligibility.

2.11 (e) Providers of postarrest community-based service coordination shall annually report  
2.12 to the commissioner on the number of individuals served and number of the community-based  
2.13 services that were accessed by recipients. The commissioner shall ensure that services and  
2.14 payments provided under postarrest community-based service coordination do not duplicate  
2.15 services or payments provided under section 256B.0753, 256B.0755, 256B.0757, or  
2.16 256B.0625, subdivision 20.