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State of Minnesota

HOUSE OF REPRESENTATIVES

A bill for an act

relating to human services; modifying medical assistance coverage for

NINETY-FIRST SESSION

н. г. №. 1254

02/14/2019 Authored by Considine, Zerwas, Ecklund, Sundin, Baker and others The bill was read for the first time and referred to the Committee on Health and Human Services Policy 03/21/2019 Adoption of Report: Re-referred to the Committee on Ways and Means

1.3 1.4	community-based care coordination to include tribes; amending Minnesota Statutes 2018, section 256B.0625, subdivision 56a.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2018, section 256B.0625, subdivision 56a, is amended to
1.7	read:
1.8	Subd. 56a. Post-arrest Officer-involved community-based service care
1.9	coordination. (a) Medical assistance covers post-arrest officer-involved community-based
1.10	service care coordination for an individual who:
1.11	(1) has been identified as having screened positive for benefiting from treatment for a
1.12	mental illness or substance use disorder using a sereening tool approved by the commissioner;
1.13	(2) does not require the security of a public detention facility and is not considered an
1.14	inmate of a public institution as defined in Code of Federal Regulations, title 42, section
1.15	435.1010;
1.16	(3) meets the eligibility requirements in section 256B.056; and
1.17	(4) has agreed to participate in post-arrest officer-involved community-based service
1.18	care coordination through a diversion contract in lieu of incarceration.
1.19	(b) Post-arrest Officer-involved community-based service care coordination means
1.20	navigating services to address a client's mental health, chemical health, social, economic,
1.21	and housing needs, or any other activity targeted at reducing the incidence of jail utilization

Section 1. 1

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and connecting individuals with existing covered services available to them, including, but not limited to, targeted case management, waiver case management, or care coordination.

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- (c) Post-arrest Officer-involved community-based service care coordination must be provided by an individual who is an employee of a county or is under contract with a county, or is an employee of or under contract with an Indian health service facility or facility owned and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638 facility to provide post-arrest officer-involved community-based care coordination and is qualified under one of the following criteria:
- (1) a licensed mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6);
- (2) a mental health practitioner as defined in section 245.462, subdivision 17, working under the clinical supervision of a mental health professional; or
- (3) a certified peer specialist under section 256B.0615, working under the clinical supervision of a mental health professional-:
- 2.15 (4) an individual qualified as an alcohol and drug counselor under section 245G.11, 2.16 subdivision 5; or
 - (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the supervision of an individual qualified as an alcohol and drug counselor under section 245G.11, subdivision 5.
 - (d) Reimbursement is allowed for up to 60 days following the initial determination of eligibility.
 - (e) Providers of post-arrest officer-involved community-based service care coordination shall annually report to the commissioner on the number of individuals served, and number of the community-based services that were accessed by recipients. The commissioner shall ensure that services and payments provided under post-arrest officer-involved community-based service care coordination do not duplicate services or payments provided under section 256B.0625, subdivision 20, 256B.0753, 256B.0755, or 256B.0757.
 - (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for post-arrest community-based service coordination services shall be provided by the county providing the services, from sources other than federal funds or funds used to match other federal funds.

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