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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **2945**

- 02/22/2018 Authored by Peterson, Schomacker, Kiel, Franson, Ward and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/01/2018 Adoption of Report: Placed on the General Register  
Read for the Second Time
- 05/07/2018 Calendar for the Day, Amended  
Read Third Time as Amended  
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
- 05/14/2018 Passed by the Senate and returned to the House
- 05/16/2018 Presented to Governor
- 05/19/2018 Governor Approval

1.1 A bill for an act  
1.2 relating to human services; modifying requirements for intensive residential  
1.3 treatment and adult crisis response service provider entities; amending Minnesota  
1.4 Statutes 2016, sections 256B.0622, subdivision 4; 256B.0624, subdivision 4.

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

1.6 Section 1. Minnesota Statutes 2016, section 256B.0622, subdivision 4, is amended to read:

1.7 Subd. 4. **Provider entity licensure and contract requirements for intensive residential**  
1.8 **treatment services.** (a) The intensive residential treatment services provider entity must:

1.9 (1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;

1.10 (2) not exceed 16 beds per site; and

1.11 (3) comply with the additional standards in this section; ~~and~~.

1.12 ~~(4) have a contract with the host county to provide these services.~~

1.13 (b) The commissioner shall develop procedures for counties and providers to submit  
1.14 ~~contracts and~~ other documentation as needed to allow the commissioner to determine whether  
1.15 the standards in this section are met.

1.16 (c) A provider entity must specify in the provider entity's application what geographic  
1.17 area and populations will be served by the proposed program. A provider entity must  
1.18 document that the capacity or program specialties of existing programs are not sufficient  
1.19 to meet the service needs of the target population. A provider entity must submit evidence  
1.20 of ongoing relationships with other providers and levels of care to facilitate referrals to and  
1.21 from the proposed program.

2.1 (d) A provider entity must submit documentation that the provider entity requested a  
2.2 statement of need from each county board and tribal authority that serves as a local mental  
2.3 health authority in the proposed service area. The statement of need must specify if the local  
2.4 mental health authority supports or does not support the need for the proposed program and  
2.5 the basis for this determination. If a local mental health authority does not respond within  
2.6 60 days of the receipt of the request, the commissioner shall determine the need for the  
2.7 program based on the documentation submitted by the provider entity.

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

2.9 Sec. 2. Minnesota Statutes 2016, section 256B.0624, subdivision 4, is amended to read:

2.10 Subd. 4. **Provider entity standards.** (a) A provider entity is an entity that meets the  
2.11 standards listed in paragraph ~~(b)~~ (c) and:

2.12 (1) is a county board operated entity; or

2.13 (2) is a provider entity that is under contract with the county board in the county where  
2.14 the potential crisis or emergency is occurring. To provide services under this section, the  
2.15 provider entity must directly provide the services; or if services are subcontracted, the  
2.16 provider entity must maintain responsibility for services and billing.

2.17 (b) A provider entity that provides crisis stabilization services in a residential setting  
2.18 under subdivision 7 is not required to meet the requirements of paragraph (a), clauses (1)  
2.19 and (2), but must meet all other requirements of this subdivision.

2.20 ~~(b)~~ (c) The adult mental health crisis response services provider entity must have the  
2.21 capacity to meet and carry out the following standards:

2.22 (1) has the capacity to recruit, hire, and manage and train mental health professionals,  
2.23 practitioners, and rehabilitation workers;

2.24 (2) has adequate administrative ability to ensure availability of services;

2.25 (3) is able to ensure adequate preservice and in-service training;

2.26 (4) is able to ensure that staff providing these services are skilled in the delivery of  
2.27 mental health crisis response services to recipients;

2.28 (5) is able to ensure that staff are capable of implementing culturally specific treatment  
2.29 identified in the individual treatment plan that is meaningful and appropriate as determined  
2.30 by the recipient's culture, beliefs, values, and language;

3.1 (6) is able to ensure enough flexibility to respond to the changing intervention and care  
3.2 needs of a recipient as identified by the recipient during the service partnership between  
3.3 the recipient and providers;

3.4 (7) is able to ensure that mental health professionals and mental health practitioners have  
3.5 the communication tools and procedures to communicate and consult promptly about crisis  
3.6 assessment and interventions as services occur;

3.7 (8) is able to coordinate these services with county emergency services, community  
3.8 hospitals, ambulance, transportation services, social services, law enforcement, and mental  
3.9 health crisis services through regularly scheduled interagency meetings;

3.10 (9) is able to ensure that mental health crisis assessment and mobile crisis intervention  
3.11 services are available 24 hours a day, seven days a week;

3.12 (10) is able to ensure that services are coordinated with other mental health service  
3.13 providers, county mental health authorities, or federally recognized American Indian  
3.14 authorities and others as necessary, with the consent of the adult. Services must also be  
3.15 coordinated with the recipient's case manager if the adult is receiving case management  
3.16 services;

3.17 (11) is able to ensure that crisis intervention services are provided in a manner consistent  
3.18 with sections 245.461 to 245.486;

3.19 (12) is able to submit information as required by the state;

3.20 (13) maintains staff training and personnel files;

3.21 (14) is able to establish and maintain a quality assurance and evaluation plan to evaluate  
3.22 the outcomes of services and recipient satisfaction;

3.23 (15) is able to keep records as required by applicable laws;

3.24 (16) is able to comply with all applicable laws and statutes;

3.25 (17) is an enrolled medical assistance provider; and

3.26 (18) develops and maintains written policies and procedures regarding service provision  
3.27 and administration of the provider entity, including safety of staff and recipients in high-risk  
3.28 situations.

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