

1.1 A bill for an act

1.2 relating to human services; modifying provisions related to mental health
1.3 services; amending Minnesota Statutes 2008, sections 256B.0622, subdivision
1.4 6; 256B.0624, subdivision 4.

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

1.6 Section 1. Minnesota Statutes 2008, section 256B.0622, subdivision 6, is amended to
1.7 read:

1.8 Subd. 6. **Standards for intensive residential rehabilitative mental health**
1.9 **services.** (a) The provider of intensive residential services must have sufficient staff to
1.10 provide 24-hour-per-day coverage to deliver the rehabilitative services described in the
1.11 treatment plan and to safely supervise and direct the activities of recipients given the
1.12 recipient's level of behavioral and psychiatric stability, cultural needs, and vulnerability.
1.13 The provider must have the capacity within the facility to provide integrated services
1.14 for chemical dependency, illness management services, and family education when
1.15 appropriate.

1.16 (b) At a minimum:

1.17 (1) staff must be available and provide direction and supervision whenever recipients
1.18 are present in the facility;

1.19 (2) staff must remain awake during all work hours;

1.20 (3) there must be a staffing ratio of at least one to nine recipients for each day and
1.21 evening shift. If more than nine recipients are present at the residential site, there must be
1.22 a minimum of two staff during day and evening shifts, one of whom must be a mental
1.23 health practitioner or mental health professional;

2.1 (4) if services are provided to recipients who need the services of a medical
2.2 professional, the provider shall assure that these services are provided either by the
2.3 provider's own medical staff or through referral to a medical professional; ~~and~~

2.4 (5) the provider must assure the timely availability of a licensed registered
2.5 nurse, either directly employed or under contract, who is responsible for ensuring the
2.6 effectiveness and safety of medication administration in the facility and assessing patients
2.7 for medication side effects and drug interactions; and

2.8 (6) for intensive residential rehabilitative mental health services, nothing in this
2.9 subdivision limits the provision of services to only those clients from the contracting
2.10 county.

2.11 Sec. 2. Minnesota Statutes 2008, section 256B.0624, subdivision 4, is amended to read:

2.12 Subd. 4. **Provider entity standards.** (a) A provider entity is an entity that meets
2.13 the standards listed in paragraph (b) and:

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

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

2.19 Where crisis stabilization services are provided in a supervised, licensed residential
2.20 setting, nothing in this subdivision limits the provision of services to only those clients
2.21 from the contracting county.

2.22 (b) The adult mental health crisis response services provider entity must meet the
2.23 following standards:

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

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

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

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

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

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

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

3.4 (8) is able to coordinate these services with county emergency services and mental
3.5 health crisis services;

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

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

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

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

3.16 (13) maintains staff training and personnel files;

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

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

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

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

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