

SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION

S.F. No. 3066

(SENATE AUTHORS: ROSEN, Hayden, Lourey, Abeler and Relph)

DATE	D-PG	OFFICIAL STATUS
03/08/2018	6356	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/19/2018		Comm report: To pass as amended
		Second reading

1.1 A bill for an act

1.2 relating to human services; modifying provisions governing mental health providers;

1.3 amending Minnesota Statutes 2016, sections 245.4871, subdivision 4; 256B.0622,

1.4 subdivision 7a; 256B.0623, subdivision 5; 256B.0625, by adding a subdivision;

1.5 256B.0946, subdivision 1a; Minnesota Statutes 2017 Supplement, sections 245.462,

1.6 subdivision 17; 245.4871, subdivision 26; 256B.0943, subdivision 1.

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

1.8 Section 1. Minnesota Statutes 2017 Supplement, section 245.462, subdivision 17, is

1.9 amended to read:

1.10 Subd. 17. **Mental health practitioner.** (a) "Mental health practitioner" means a person

1.11 providing services to persons with mental illness who is qualified in at least one of the

1.12 following ways: (1) holds a bachelor's degree in one of the behavioral sciences or related

1.13 fields from an accredited college or university and; ways described in paragraphs (b) to (g).

1.14 (b) For purposes of this subdivision, a practitioner is qualified through relevant

1.15 coursework if the practitioner completes at least 30 semester hours or 45 quarter hours in

1.16 behavioral sciences or related fields and:

1.17 (1) has at least 2,000 hours of supervised experience in the delivery of services to

1.18 persons with:

1.19 (i) mental illness, substance use disorder, or emotional disturbance; or

1.20 (ii) traumatic brain injury or developmental disabilities and completes training on mental

1.21 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring

1.22 mental illness and substance abuse, and psychotropic medications and side effects;

2.1 ~~(ii)~~ (2) is fluent in the non-English language of the ethnic group to which at least 50  
 2.2 percent of the practitioner's clients belong, completes 40 hours of training in the delivery  
 2.3 of services to persons with mental illness, and receives clinical supervision from a mental  
 2.4 health professional at least once a week until the requirement of 2,000 hours of supervised  
 2.5 experience is met; ~~or~~

2.6 ~~(iii)~~ (3) is working in a day treatment program under section 245.4712, subdivision 2;

2.7 or

2.8 (4) has completed a practicum or internship that (1) requires direct interaction with  
 2.9 persons served, and (2) is focused on behavioral sciences or related fields.

2.10 (c) For purposes of this subdivision, a practitioner is qualified through work experience  
 2.11 if the person:

2.12 ~~(2)~~ (1) has at least ~~6,000~~ 4,000 hours of supervised experience in the delivery of services  
 2.13 to persons with:

2.14 (i) mental illness, substance use disorder, or emotional disturbance; or

2.15 (ii) traumatic brain injury or developmental disabilities and completes training on mental  
 2.16 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring  
 2.17 mental illness and substance abuse, and psychotropic medications and side effects; or

2.18 (2) has at least 2,000 hours of supervised experience in the delivery of services to persons  
 2.19 with:

2.20 (i) mental illness or substance use disorder, and receives clinical supervision as required  
 2.21 by applicable statutes and rules from a mental health professional at least once a week until  
 2.22 the requirement of 4,000 hours of supervised experience is met; or

2.23 (ii) traumatic brain injury or developmental disabilities; completes training on mental  
 2.24 illness, recovery from mental illness, mental health de-escalation techniques, co-occurring  
 2.25 mental illness and substance abuse, and psychotropic medications and side effects; and  
 2.26 receives clinical supervision as required by applicable statutes and rules at least once a week  
 2.27 from a mental health professional until the requirement of 4,000 hours of supervised  
 2.28 experience is met.

2.29 ~~(3)~~ (d) For purposes of this subdivision, a practitioner is qualified through a graduate  
 2.30 student internship if the practitioner is a graduate student in ~~one of the~~ behavioral sciences  
 2.31 or related fields and is formally assigned by an accredited college or university to an agency  
 2.32 or facility for clinical training; ~~or~~.

3.1 (e) For purposes of this subdivision, a practitioner is qualified by a bachelor's or master's  
3.2 degree if the practitioner:

3.3 ~~(4) (1) holds a master's or other graduate degree in one of the behavioral sciences or~~  
3.4 ~~related fields from an accredited college or university and has less than 4,000 hours~~  
3.5 ~~post-master's experience in the treatment of mental illness; or~~

3.6 (2) holds a bachelor's degree in behavioral sciences or related fields and completes a  
3.7 practicum or internship that (1) requires direct interaction with persons served, and (2) is  
3.8 focused on behavioral sciences or related fields.

3.9 (f) For purposes of this subdivision, a practitioner is qualified as a vendor of medical  
3.10 care if the practitioner meets the definition of vendor of medical care in section 256B.02,  
3.11 subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.

3.12 (g) For purposes of medical assistance coverage of diagnostic assessments, explanations  
3.13 of findings, and psychotherapy under section 256B.0625, subdivision 65, a mental health  
3.14 practitioner working as a clinical trainee means that the practitioner's clinical supervision  
3.15 experience is helping the practitioner gain knowledge and skills necessary to practice  
3.16 effectively and independently. This may include supervision of direct practice, treatment  
3.17 team collaboration, continued professional learning, and job management. The practitioner  
3.18 must also:

3.19 (1) comply with requirements for licensure or board certification as a mental health  
3.20 professional, according to the qualifications under Minnesota Rules, part 9505.0371, subpart  
3.21 5, item A, including supervised practice in the delivery of mental health services for the  
3.22 treatment of mental illness; or

3.23 (2) be a student in a bona fide field placement or internship under a program leading to  
3.24 completion of the requirements for licensure as a mental health professional according to  
3.25 the qualifications under Minnesota Rules, part 9505.0371, subpart 5, item A.

3.26 (h) For purposes of this subdivision, "behavioral sciences or related fields" has the  
3.27 meaning given in section 256B.0623, subdivision 5, paragraph (d).

3.28 (i) This subdivision supersedes any other statute or rule.

3.29 Sec. 2. Minnesota Statutes 2016, section 245.4871, subdivision 4, is amended to read:

3.30 Subd. 4. **Case management service provider.** (a) "Case management service provider"  
3.31 means a case manager or case manager associate employed by the county or other entity

4.1 authorized by the county board to provide case management services specified in subdivision  
4.2 3 for the child with severe emotional disturbance and the child's family.

4.3 (b) A case manager must:

4.4 (1) have experience and training in working with children;

4.5 (2) have at least a bachelor's degree in one of the behavioral sciences or a related field  
4.6 including, but not limited to, social work, psychology, or nursing from an accredited college  
4.7 or university or meet the requirements of paragraph (d);

4.8 (3) have experience and training in identifying and assessing a wide range of children's  
4.9 needs;

4.10 (4) be knowledgeable about local community resources and how to use those resources  
4.11 for the benefit of children and their families; and

4.12 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),  
4.13 and (g), as applicable.

4.14 (c) A case manager may be a member of any professional discipline that is part of the  
4.15 local system of care for children established by the county board.

4.16 (d) A case manager without a bachelor's degree must meet one of the requirements in  
4.17 clauses (1) to (3):

4.18 (1) have three or four years of experience as a case manager associate;

4.19 (2) be a registered nurse without a bachelor's degree who has a combination of specialized  
4.20 training in psychiatry and work experience consisting of community interaction and  
4.21 involvement or community discharge planning in a mental health setting totaling three years;  
4.22 or

4.23 (3) be a person who qualified as a case manager under the 1998 Department of Human  
4.24 Services waiver provision and meets the continuing education, supervision, and mentoring  
4.25 requirements in this section.

4.26 (e) A case manager with at least 2,000 hours of supervised experience in the delivery  
4.27 of mental health services to children must receive regular ongoing supervision and clinical  
4.28 supervision totaling 38 hours per year, of which at least one hour per month must be clinical  
4.29 supervision regarding individual service delivery with a case management supervisor. The  
4.30 other 26 hours of supervision may be provided by a case manager with two years of  
4.31 experience. Group supervision may not constitute more than one-half of the required  
4.32 supervision hours.

5.1 (f) A case manager without 2,000 hours of supervised experience in the delivery of  
5.2 mental health services to children with emotional disturbance must:

5.3 (1) begin 40 hours of training approved by the commissioner of human services in case  
5.4 management skills and in the characteristics and needs of children with severe emotional  
5.5 disturbance before beginning to provide case management services; and

5.6 (2) receive clinical supervision regarding individual service delivery from a mental  
5.7 health professional at least one hour each week until the requirement of 2,000 hours of  
5.8 experience is met.

5.9 (g) A case manager who is not licensed, registered, or certified by a health-related  
5.10 licensing board must receive 30 hours of continuing education and training in severe  
5.11 emotional disturbance and mental health services every two years.

5.12 (h) Clinical supervision must be documented in the child's record. When the case manager  
5.13 is not a mental health professional, the county board must provide or contract for needed  
5.14 clinical supervision.

5.15 (i) The county board must ensure that the case manager has the freedom to access and  
5.16 coordinate the services within the local system of care that are needed by the child.

5.17 (j) A case manager associate (CMA) must:

5.18 (1) work under the direction of a case manager or case management supervisor;

5.19 (2) be at least 21 years of age;

5.20 (3) have at least a high school diploma or its equivalent; and

5.21 (4) meet one of the following criteria:

5.22 (i) have an associate of arts degree in one of the behavioral sciences or human services;

5.23 (ii) be a registered nurse without a bachelor's degree;

5.24 (iii) have three years of life experience as a primary caregiver to a child with serious  
5.25 emotional disturbance as defined in subdivision 6 within the previous ten years;

5.26 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

5.27 (v) ~~be a mental health practitioner as defined in subdivision 26, clause (2).~~ has 6,000  
5.28 hours of supervised work experience in the delivery of mental health services to children  
5.29 with emotional disturbances; hours worked as a mental health behavioral aid I or II under  
5.30 section 256B.0943, subdivision 7, may count toward the 6,000 hours of supervised work  
5.31 experience.

6.1 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager  
6.2 after four years of supervised work experience as a case manager associate. Individuals  
6.3 meeting the criteria in item (v) may qualify as a case manager after three years of supervised  
6.4 experience as a case manager associate.

6.5 (k) Case manager associates must meet the following supervision, mentoring, and  
6.6 continuing education requirements;

6.7 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

6.8 (2) receive at least 40 hours of continuing education in severe emotional disturbance  
6.9 and mental health service annually; and

6.10 (3) receive at least five hours of mentoring per week from a case management mentor.

6.11 A "case management mentor" means a qualified, practicing case manager or case management  
6.12 supervisor who teaches or advises and provides intensive training and clinical supervision  
6.13 to one or more case manager associates. Mentoring may occur while providing direct services  
6.14 to consumers in the office or in the field and may be provided to individuals or groups of  
6.15 case manager associates. At least two mentoring hours per week must be individual and  
6.16 face-to-face.

6.17 (l) A case management supervisor must meet the criteria for a mental health professional  
6.18 as specified in subdivision 27.

6.19 (m) An immigrant who does not have the qualifications specified in this subdivision  
6.20 may provide case management services to child immigrants with severe emotional  
6.21 disturbance of the same ethnic group as the immigrant if the person:

6.22 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
6.23 bachelor's degree in one of the behavioral sciences or related fields at an accredited college  
6.24 or university;

6.25 (2) completes 40 hours of training as specified in this subdivision; and

6.26 (3) receives clinical supervision at least once a week until the requirements of obtaining  
6.27 a bachelor's degree and 2,000 hours of supervised experience are met.

6.28 Sec. 3. Minnesota Statutes 2017 Supplement, section 245.4871, subdivision 26, is amended  
6.29 to read:

6.30 Subd. 26. **Mental health practitioner.** "Mental health practitioner" ~~means a person~~  
6.31 ~~providing services to children with emotional disturbances. A mental health practitioner~~  
6.32 ~~must have training and experience in working with children. A mental health practitioner~~

7.1 ~~must be qualified in at least one of the following ways: has the meaning given in section~~  
 7.2 ~~245.462, subdivision 17.~~

7.3 ~~(1) holds a bachelor's degree in one of the behavioral sciences or related fields, including,~~  
 7.4 ~~but not limited to, social work, psychology, sociology, community counseling, family social~~  
 7.5 ~~science, child development/child psychology, community mental health, addiction counseling,~~  
 7.6 ~~counseling/guidance, and special education from an accredited college or university and:~~

7.7 ~~(i) has at least 2,000 hours of supervised experience in the delivery of mental health~~  
 7.8 ~~services to children with emotional disturbances; or~~

7.9 ~~(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent~~  
 7.10 ~~of the practitioner's clients belong, completes 40 hours of training in the delivery of services~~  
 7.11 ~~to children with emotional disturbances, and receives clinical supervision from a mental~~  
 7.12 ~~health professional at least once a week until the requirement of 2,000 hours of supervised~~  
 7.13 ~~experience is met;~~

7.14 ~~(2) has at least 6,000 hours of supervised experience in the delivery of mental health~~  
 7.15 ~~services to children with emotional disturbances; hours worked as a mental health behavioral~~  
 7.16 ~~aide I or II under section 256B.0943, subdivision 7, may be included in the 6,000 hours of~~  
 7.17 ~~experience;~~

7.18 ~~(3) is a graduate student in one of the behavioral sciences or related fields and is formally~~  
 7.19 ~~assigned by an accredited college or university to an agency or facility for clinical training;~~  
 7.20 ~~or~~

7.21 ~~(4) holds a master's or other graduate degree in one of the behavioral sciences or related~~  
 7.22 ~~fields from an accredited college or university.~~

7.23 Sec. 4. Minnesota Statutes 2016, section 256B.0622, subdivision 7a, is amended to read:

7.24 Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a)  
 7.25 The required treatment staff qualifications and roles for an ACT team are:

7.26 (1) the team leader:

7.27 (i) shall be a licensed mental health professional who is qualified under Minnesota Rules,  
 7.28 part 9505.0371, subpart 5, item A. Individuals who are not licensed but who are eligible  
 7.29 for licensure and are otherwise qualified may also fulfill this role but must obtain full  
 7.30 licensure within 24 months of assuming the role of team leader;

7.31 (ii) must be an active member of the ACT team and provide some direct services to  
 7.32 clients;

8.1 (iii) must be a single full-time staff member, dedicated to the ACT team, who is  
8.2 responsible for overseeing the administrative operations of the team, providing clinical  
8.3 oversight of services in conjunction with the psychiatrist or psychiatric care provider, and  
8.4 supervising team members to ensure delivery of best and ethical practices; and

8.5 (iv) must be available to provide overall clinical oversight to the ACT team after regular  
8.6 business hours and on weekends and holidays. The team leader may delegate this duty to  
8.7 another qualified member of the ACT team;

8.8 (2) the psychiatric care provider:

8.9 (i) must be a licensed psychiatrist certified by the American Board of Psychiatry and  
8.10 Neurology or eligible for board certification or certified by the American Osteopathic Board  
8.11 of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who  
8.12 is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A. The psychiatric care  
8.13 provider must have demonstrated clinical experience working with individuals with serious  
8.14 and persistent mental illness;

8.15 (ii) shall collaborate with the team leader in sharing overall clinical responsibility for  
8.16 screening and admitting clients; monitoring clients' treatment and team member service  
8.17 delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects,  
8.18 and health-related conditions; actively collaborating with nurses; and helping provide clinical  
8.19 supervision to the team;

8.20 (iii) shall fulfill the following functions for assertive community treatment clients:  
8.21 provide assessment and treatment of clients' symptoms and response to medications, including  
8.22 side effects; provide brief therapy to clients; provide diagnostic and medication education  
8.23 to clients, with medication decisions based on shared decision making; monitor clients'  
8.24 nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and  
8.25 community visits;

8.26 (iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized  
8.27 for mental health treatment and shall communicate directly with the client's inpatient  
8.28 psychiatric care providers to ensure continuity of care;

8.29 (v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per  
8.30 50 clients. Part-time psychiatric care providers shall have designated hours to work on the  
8.31 team, with sufficient blocks of time on consistent days to carry out the provider's clinical,  
8.32 supervisory, and administrative responsibilities. No more than two psychiatric care providers  
8.33 may share this role;



9.1 (vi) may not provide specific roles and responsibilities by telemedicine unless approved  
9.2 by the commissioner; and

9.3 (vii) shall provide psychiatric backup to the program after regular business hours and  
9.4 on weekends and holidays. The psychiatric care provider may delegate this duty to another  
9.5 qualified psychiatric provider;

9.6 (3) the nursing staff:

9.7 (i) shall consist of one to three registered nurses or advanced practice registered nurses,  
9.8 of whom at least one has a minimum of one-year experience working with adults with  
9.9 serious mental illness and a working knowledge of psychiatric medications. No more than  
9.10 two individuals can share a full-time equivalent position;

9.11 (ii) are responsible for managing medication, administering and documenting medication  
9.12 treatment, and managing a secure medication room; and

9.13 (iii) shall develop strategies, in collaboration with clients, to maximize taking medications  
9.14 as prescribed; screen and monitor clients' mental and physical health conditions and  
9.15 medication side effects; engage in health promotion, prevention, and education activities;  
9.16 communicate and coordinate services with other medical providers; facilitate the development  
9.17 of the individual treatment plan for clients assigned; and educate the ACT team in monitoring  
9.18 psychiatric and physical health symptoms and medication side effects;

9.19 (4) the co-occurring disorder specialist:

9.20 (i) shall be a full-time equivalent co-occurring disorder specialist who has received  
9.21 specific training on co-occurring disorders that is consistent with national evidence-based  
9.22 practices. The training must include practical knowledge of common substances and how  
9.23 they affect mental illnesses, the ability to assess substance use disorders and the client's  
9.24 stage of treatment, motivational interviewing, and skills necessary to provide counseling to  
9.25 clients at all different stages of change and treatment. The co-occurring disorder specialist  
9.26 may also be an individual who is a licensed alcohol and drug counselor as described in  
9.27 section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience,  
9.28 and other requirements in Minnesota Rules, part 9530.6450, subpart 5. No more than two  
9.29 co-occurring disorder specialists may occupy this role; and

9.30 (ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients.  
9.31 The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT  
9.32 team members on co-occurring disorders;

9.33 (5) the vocational specialist:

10.1 (i) shall be a full-time vocational specialist who has at least one-year experience providing  
10.2 employment services or advanced education that involved field training in vocational services  
10.3 to individuals with mental illness. An individual who does not meet these qualifications  
10.4 may also serve as the vocational specialist upon completing a training plan approved by the  
10.5 commissioner;

10.6 (ii) shall provide or facilitate the provision of vocational services to clients. The vocational  
10.7 specialist serves as a consultant and educator to fellow ACT team members on these services;  
10.8 and

10.9 (iii) should not refer individuals to receive any type of vocational services or linkage by  
10.10 providers outside of the ACT team;

10.11 (6) the mental health certified peer specialist:

10.12 (i) shall be a full-time equivalent mental health certified peer specialist as defined in  
10.13 section 256B.0615. No more than two individuals can share this position. The mental health  
10.14 certified peer specialist is a fully integrated team member who provides highly individualized  
10.15 services in the community and promotes the self-determination and shared decision-making  
10.16 abilities of clients. This requirement may be waived due to workforce shortages upon  
10.17 approval of the commissioner;

10.18 (ii) must provide coaching, mentoring, and consultation to the clients to promote recovery,  
10.19 self-advocacy, and self-direction, promote wellness management strategies, and assist clients  
10.20 in developing advance directives; and

10.21 (iii) must model recovery values, attitudes, beliefs, and personal action to encourage  
10.22 wellness and resilience, provide consultation to team members, promote a culture where  
10.23 the clients' points of view and preferences are recognized, understood, respected, and  
10.24 integrated into treatment, and serve in a manner equivalent to other team members;

10.25 (7) the program administrative assistant shall be a full-time office-based program  
10.26 administrative assistant position assigned to solely work with the ACT team, providing a  
10.27 range of supports to the team, clients, and families; and

10.28 (8) additional staff:

10.29 (i) shall be based on team size. Additional treatment team staff may include licensed  
10.30 mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item  
10.31 A; mental health practitioners as defined in ~~Minnesota Rules, part 9505.0370, subpart 17;~~  
10.32 section 245.462, subdivision 17; a mental health practitioner working as a clinical trainee  
10.33 according to Minnesota Rules, part 9505.0371, subpart 5, item C; or mental health

11.1 rehabilitation workers as defined in section 256B.0623, subdivision 5, clause (4). These  
11.2 individuals shall have the knowledge, skills, and abilities required by the population served  
11.3 to carry out rehabilitation and support functions; and

11.4 (ii) shall be selected based on specific program needs or the population served.

11.5 (b) Each ACT team must clearly document schedules for all ACT team members.

11.6 (c) Each ACT team member must serve as a primary team member for clients assigned  
11.7 by the team leader and are responsible for facilitating the individual treatment plan process  
11.8 for those clients. The primary team member for a client is the responsible team member  
11.9 knowledgeable about the client's life and circumstances and writes the individual treatment  
11.10 plan. The primary team member provides individual supportive therapy or counseling, and  
11.11 provides primary support and education to the client's family and support system.

11.12 (d) Members of the ACT team must have strong clinical skills, professional qualifications,  
11.13 experience, and competency to provide a full breadth of rehabilitation services. Each staff  
11.14 member shall be proficient in their respective discipline and be able to work collaboratively  
11.15 as a member of a multidisciplinary team to deliver the majority of the treatment,  
11.16 rehabilitation, and support services clients require to fully benefit from receiving assertive  
11.17 community treatment.

11.18 (e) Each ACT team member must fulfill training requirements established by the  
11.19 commissioner.

11.20 Sec. 5. Minnesota Statutes 2016, section 256B.0623, subdivision 5, is amended to read:

11.21 Subd. 5. **Qualifications of provider staff.** (a) Adult rehabilitative mental health services  
11.22 must be provided by qualified individual provider staff of a certified provider entity.

11.23 Individual provider staff must be qualified under one of the following criteria:

11.24 (1) a mental health professional as defined in section 245.462, subdivision 18, clauses  
11.25 (1) to (6). If the recipient has a current diagnostic assessment by a licensed mental health  
11.26 professional as defined in section 245.462, subdivision 18, clauses (1) to (6), recommending  
11.27 receipt of adult mental health rehabilitative services, the definition of mental health  
11.28 professional for purposes of this section includes a person who is qualified under section  
11.29 245.462, subdivision 18, clause (7), and who holds a current and valid national certification  
11.30 as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner;

11.31 (2) a mental health practitioner as defined in section 245.462, subdivision 17. The mental  
11.32 health practitioner must work under the clinical supervision of a mental health professional;

12.1 (3) a certified peer specialist under section 256B.0615. The certified peer specialist must  
12.2 work under the clinical supervision of a mental health professional; or

12.3 (4) a mental health rehabilitation worker. A mental health rehabilitation worker means  
12.4 a staff person working under the direction of a mental health practitioner or mental health  
12.5 professional and under the clinical supervision of a mental health professional in the  
12.6 implementation of rehabilitative mental health services as identified in the recipient's  
12.7 individual treatment plan who:

12.8 (i) is at least 21 years of age;

12.9 (ii) has a high school diploma or equivalent;

12.10 (iii) has successfully completed 30 hours of training during the two years immediately  
12.11 prior to the date of hire, or before provision of direct services, in all of the following areas:  
12.12 recovery from mental illness, mental health de-escalation techniques, recipient rights,  
12.13 recipient-centered individual treatment planning, behavioral terminology, mental illness,  
12.14 co-occurring mental illness and substance abuse, psychotropic medications and side effects,  
12.15 functional assessment, local community resources, adult vulnerability, recipient  
12.16 confidentiality; and

12.17 (iv) meets the qualifications in ~~subitem (A) or (B):~~ paragraph (b).

12.18 (b) In addition to the requirements in paragraph (a), a mental health rehabilitation worker  
12.19 must also meet the qualifications in clause (1), (2), or (3):

12.20 ~~(A) has an associate of arts degree or two years full-time postsecondary education in~~  
12.21 ~~one of the behavioral sciences or human services; is a registered nurse without a bachelor's~~  
12.22 ~~degree; (1) has an associates of arts degree, two years of full-time postsecondary education,~~  
12.23 or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields,  
12.24 or who within the previous ten years has:

12.25 ~~(1)~~ (i) three years of personal life experience with serious and persistent mental illness;

12.26 ~~(2)~~ (ii) three years of life experience as a primary caregiver to an adult with a serious  
12.27 mental illness or, traumatic brain injury, substance use disorder, or developmental disability;

12.28 or

12.29 ~~(3) 4,000~~ (iii) 2,000 hours of supervised ~~paid~~ work experience in the delivery of mental  
12.30 health services to adults with a serious mental illness or, traumatic brain injury, substance  
12.31 use disorder, or developmental disability; or

13.1 ~~(B)(1)~~ (2)(i) is fluent in the non-English language or competent in the culture of the  
 13.2 ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients  
 13.3 belong;

13.4 ~~(2)~~ (ii) receives during the first 2,000 hours of work, monthly documented individual  
 13.5 clinical supervision by a mental health professional;

13.6 ~~(3)~~ (iii) has 18 hours of documented field supervision by a mental health professional  
 13.7 or mental health practitioner during the first 160 hours of contact work with recipients, and  
 13.8 at least six hours of field supervision quarterly during the following year;

13.9 ~~(4)~~ (iv) has review and cosignature of charting of recipient contacts during field  
 13.10 supervision by a mental health professional or mental health practitioner; and

13.11 ~~(5)~~ (v) has 15 hours of additional continuing education on mental health topics during  
 13.12 the first year of employment and 15 hours during every additional year of employment; or

13.13 (3) for providers of crisis residential services, intensive residential treatment services,  
 13.14 partial hospitalization, and day treatment services:

13.15 (i) satisfies paragraph (b), clause 2, items (ii) to (iv); and

13.16 (ii) has 40 hours of additional continuing education on mental health topics during the  
 13.17 first year of employment.

13.18 (c) A mental health rehabilitation worker who solely acts and is scheduled as overnight  
 13.19 staff is not required to comply with paragraph (a), clause (4), item (iv).

13.20 (d) For purposes of this subdivision, "behavioral sciences or related fields" means an  
 13.21 education from an accredited college or university and includes but is not limited to social  
 13.22 work, psychology, sociology, community counseling, family social science, child  
 13.23 development, child psychology, community mental health, addiction counseling, counseling  
 13.24 and guidance, special education, and other fields as approved by the commissioner.

13.25 Sec. 6. Minnesota Statutes 2016, section 256B.0625, is amended by adding a subdivision  
 13.26 to read:

13.27 Subd. 65. **Outpatient mental health services.** Medical assistance covers diagnostic  
 13.28 assessment, explanation of findings, and psychotherapy according to Minnesota Rules, part  
 13.29 9505.0372, when the mental health services are performed by a mental health practitioner  
 13.30 working as a clinical trainee according to section 245.462, subdivision 17, paragraph (g).

14.1 Sec. 7. Minnesota Statutes 2017 Supplement, section 256B.0943, subdivision 1, is amended  
14.2 to read:

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

14.5 (a) "Children's therapeutic services and supports" means the flexible package of mental  
14.6 health services for children who require varying therapeutic and rehabilitative levels of  
14.7 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,  
14.8 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision  
14.9 20. The services are time-limited interventions that are delivered using various treatment  
14.10 modalities and combinations of services designed to reach treatment outcomes identified  
14.11 in the individual treatment plan.

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

14.18 (c) "Clinical trainee" means a mental health practitioner who meets the qualifications  
14.19 specified in Minnesota Rules, part 9505.0371, subpart 5, item C.

14.20 (d) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a. Crisis  
14.21 assistance entails the development of a written plan to assist a child's family to contend with  
14.22 a potential crisis and is distinct from the immediate provision of crisis intervention services.

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

14.28 (f) "Day treatment program" for children means a site-based structured mental health  
14.29 program consisting of psychotherapy for three or more individuals and individual or group  
14.30 skills training provided by a multidisciplinary team, under the clinical supervision of a  
14.31 mental health professional.

14.32 (g) "Diagnostic assessment" has the meaning given in Minnesota Rules, part 9505.0372,  
14.33 subpart 1.

15.1 (h) "Direct service time" means the time that a mental health professional, clinical trainee,  
15.2 mental health practitioner, or mental health behavioral aide spends face-to-face with a client  
15.3 and the client's family or providing covered telemedicine services. Direct service time  
15.4 includes time in which the provider obtains a client's history, develops a client's treatment  
15.5 plan, records individual treatment outcomes, or provides service components of children's  
15.6 therapeutic services and supports. Direct service time does not include time doing work  
15.7 before and after providing direct services, including scheduling or maintaining clinical  
15.8 records.

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

15.14 (j) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

15.15 (k) "Individual behavioral plan" means a plan of intervention, treatment, and services  
15.16 for a child written by a mental health professional or mental health practitioner, under the  
15.17 clinical supervision of a mental health professional, to guide the work of the mental health  
15.18 behavioral aide. The individual behavioral plan may be incorporated into the child's individual  
15.19 treatment plan so long as the behavioral plan is separately communicable to the mental  
15.20 health behavioral aide.

15.21 (l) "Individual treatment plan" has the meaning given in Minnesota Rules, part 9505.0371,  
15.22 subpart 7.

15.23 (m) "Mental health behavioral aide services" means medically necessary one-on-one  
15.24 activities performed by a trained paraprofessional qualified as provided in subdivision 7,  
15.25 paragraph (b), clause (3), to assist a child retain or generalize psychosocial skills as previously  
15.26 trained by a mental health professional or mental health practitioner and as described in the  
15.27 child's individual treatment plan and individual behavior plan. Activities involve working  
15.28 directly with the child or child's family as provided in subdivision 9, paragraph (b), clause  
15.29 (4).

15.30 (n) "Mental health practitioner" ~~means an individual as defined in Minnesota Rules, part~~  
15.31 ~~9505.0371, subpart 5, item B,~~ has the meaning given in section 245.462, subdivision 17,  
15.32 except that a practitioner working in a day treatment setting may be exempt from the  
15.33 2,000-hour supervised experience requirement in section 245.462, subdivision 17, paragraph  
15.34 (b), if the day treatment provider delivers 40 hours of training to the practitioner within six

16.1 months of employment and the practitioner receives weekly clinical supervision from a  
16.2 mental health professional until the practitioner meets the 2,000 hours of supervised  
16.3 experience.

16.4 (o) "Mental health professional" means an individual as defined in Minnesota Rules,  
16.5 part 9505.0370, subpart 18.

16.6 (p) "Mental health service plan development" includes:

16.7 (1) the development, review, and revision of a child's individual treatment plan, as  
16.8 provided in Minnesota Rules, part 9505.0371, subpart 7, including involvement of the client  
16.9 or client's parents, primary caregiver, or other person authorized to consent to mental health  
16.10 services for the client, and including arrangement of treatment and support activities specified  
16.11 in the individual treatment plan; and

16.12 (2) administering standardized outcome measurement instruments, determined and  
16.13 updated by the commissioner, as periodically needed to evaluate the effectiveness of  
16.14 treatment for children receiving clinical services and reporting outcome measures, as required  
16.15 by the commissioner.

16.16 (q) "Mental illness," for persons at least age 18 but under age 21, has the meaning given  
16.17 in section 245.462, subdivision 20, paragraph (a).

16.18 (r) "Psychotherapy" means the treatment of mental or emotional disorders or  
16.19 maladjustment by psychological means. Psychotherapy may be provided in many modalities  
16.20 in accordance with Minnesota Rules, part 9505.0372, subpart 6, including patient and/or  
16.21 family psychotherapy; family psychotherapy; psychotherapy for crisis; group psychotherapy;  
16.22 or multiple-family psychotherapy. Beginning with the American Medical Association's  
16.23 Current Procedural Terminology, standard edition, 2014, the procedure "individual  
16.24 psychotherapy" is replaced with "patient and/or family psychotherapy," a substantive change  
16.25 that permits the therapist to work with the client's family without the client present to obtain  
16.26 information about the client or to explain the client's treatment plan to the family.  
16.27 Psychotherapy is appropriate for crisis response when a child has become dysregulated or  
16.28 experienced new trauma since the diagnostic assessment was completed and needs  
16.29 psychotherapy to address issues not currently included in the child's individual treatment  
16.30 plan.

16.31 (s) "Rehabilitative services" or "psychiatric rehabilitation services" means a series or  
16.32 multidisciplinary combination of psychiatric and psychosocial interventions to: (1) restore  
16.33 a child or adolescent to an age-appropriate developmental trajectory that had been disrupted  
16.34 by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with,



17.1 counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the  
17.2 course of a psychiatric illness. Psychiatric rehabilitation services for children combine  
17.3 psychotherapy to address internal psychological, emotional, and intellectual processing  
17.4 deficits, and skills training to restore personal and social functioning. Psychiatric  
17.5 rehabilitation services establish a progressive series of goals with each achievement building  
17.6 upon a prior achievement. Continuing progress toward goals is expected, and rehabilitative  
17.7 potential ceases when successive improvement is not observable over a period of time.

17.8 (t) "Skills training" means individual, family, or group training, delivered by or under  
17.9 the supervision of a mental health professional, designed to facilitate the acquisition of  
17.10 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate  
17.11 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child  
17.12 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or  
17.13 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject  
17.14 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

17.15 Sec. 8. Minnesota Statutes 2016, section 256B.0946, subdivision 1a, is amended to read:

17.16 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the  
17.17 meanings given them.

17.18 (a) "Clinical care consultation" means communication from a treating clinician to other  
17.19 providers working with the same client to inform, inquire, and instruct regarding the client's  
17.20 symptoms, strategies for effective engagement, care and intervention needs, and treatment  
17.21 expectations across service settings, including but not limited to the client's school, social  
17.22 services, day care, probation, home, primary care, medication prescribers, disabilities  
17.23 services, and other mental health providers and to direct and coordinate clinical service  
17.24 components provided to the client and family.

17.25 (b) "Clinical supervision" means the documented time a clinical supervisor and supervisee  
17.26 spend together to discuss the supervisee's work, to review individual client cases, and for  
17.27 the supervisee's professional development. It includes the documented oversight and  
17.28 supervision responsibility for planning, implementation, and evaluation of services for a  
17.29 client's mental health treatment.

17.30 (c) "Clinical supervisor" means the mental health professional who is responsible for  
17.31 clinical supervision.

17.32 (d) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371, subpart  
17.33 5, item C;

18.1 (e) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a,  
18.2 including the development of a plan that addresses prevention and intervention strategies  
18.3 to be used in a potential crisis, but does not include actual crisis intervention.

18.4 (f) "Culturally appropriate" means providing mental health services in a manner that  
18.5 incorporates the child's cultural influences, as defined in Minnesota Rules, part 9505.0370,  
18.6 subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural  
18.7 strengths and resources to promote overall wellness.

18.8 (g) "Culture" means the distinct ways of living and understanding the world that are  
18.9 used by a group of people and are transmitted from one generation to another or adopted  
18.10 by an individual.

18.11 (h) "Diagnostic assessment" has the meaning given in Minnesota Rules, part 9505.0370,  
18.12 subpart 11.

18.13 (i) "Family" means a person who is identified by the client or the client's parent or  
18.14 guardian as being important to the client's mental health treatment. Family may include,  
18.15 but is not limited to, parents, foster parents, children, spouse, committed partners, former  
18.16 spouses, persons related by blood or adoption, persons who are a part of the client's  
18.17 permanency plan, or persons who are presently residing together as a family unit.

18.18 (j) "Foster care" has the meaning given in section 260C.007, subdivision 18.

18.19 (k) "Foster family setting" means the foster home in which the license holder resides.

18.20 (l) "Individual treatment plan" has the meaning given in Minnesota Rules, part 9505.0370,  
18.21 subpart 15.

18.22 (m) "Mental health practitioner" has the meaning given in ~~Minnesota Rules, part~~  
18.23 ~~9505.0370, subpart 17~~ section 245.462, subdivision 17, and a mental health practitioner  
18.24 working as a clinical trainee according to Minnesota Rules, part 9505.0371, subpart 5, item  
18.25 C.

18.26 (n) "Mental health professional" has the meaning given in Minnesota Rules, part  
18.27 9505.0370, subpart 18.

18.28 (o) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370, subpart  
18.29 20.

18.30 (p) "Parent" has the meaning given in section 260C.007, subdivision 25.

18.31 (q) "Psychoeducation services" means information or demonstration provided to an  
18.32 individual, family, or group to explain, educate, and support the individual, family, or group

19.1 in understanding a child's symptoms of mental illness, the impact on the child's development,  
19.2 and needed components of treatment and skill development so that the individual, family,  
19.3 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,  
19.4 and achieve optimal mental health and long-term resilience.

19.5 (r) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370, subpart  
19.6 27.

19.7 (s) "Team consultation and treatment planning" means the coordination of treatment  
19.8 plans and consultation among providers in a group concerning the treatment needs of the  
19.9 child, including disseminating the child's treatment service schedule to all members of the  
19.10 service team. Team members must include all mental health professionals working with the  
19.11 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and  
19.12 at least two of the following: an individualized education program case manager; probation  
19.13 agent; children's mental health case manager; child welfare worker, including adoption or  
19.14 guardianship worker; primary care provider; foster parent; and any other member of the  
19.15 child's service team.

19.16 Sec. 9. **INSTRUCTION TO COMMISSIONER.**

19.17 The commissioner of human services shall amend Minnesota Rules, chapters 9505 and  
19.18 9520, to conform with the provisions of this act. The commissioner may use the good cause  
19.19 exemption process under Minnesota Statutes, section 14.388, if applicable, or the expedited  
19.20 rulemaking process under Minnesota Statutes, section 14.389, in adopting the amendments.