03/27/18 REVISOR ACF/CH 18-7475 as introduced

## SENATE STATE OF MINNESOTA NINETIETH SESSION

S.F. No. 3863

(SENATE AUTHORS: ROSEN)

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**DATE D-PG** 03/29/2018 7120 Intro

OFFICIAL STATUS

Introduction and first reading
Referred to Health and Human Services Finance and Policy

A bill for an act

relating to human services; modifying medical assistance coverage for care

coordination to include tribes; amending Minnesota Statutes 2017 Supplement,

1.4	section 256B.0625, subdivision 56a.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 56a, is
1.7	amended to read:
1.8	Subd. 56a. Post-arrest Officer-involved community-based service care coordination.
1.9	(a) Medical assistance covers post-arrest officer-involved community-based service care
1.10	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 screening 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,

and housing needs, or any other activity targeted at reducing the incidence of jail utilization

Section 1.

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-;
  - (4) a qualified alcohol and drug counselor under section 254G.11, subdivision 5; or
- (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
   supervision of a qualified 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  $20_{\frac{1}{2}}$  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.
- 2.31 **EFFECTIVE DATE.** Paragraphs (a) to (e) are effective retroactively from March 1, 2.32 2018.

Section 1. 2