

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 1288

(SENATE AUTHORS: UTKE)

DATE	D-PG	OFFICIAL STATUS
02/22/2017	702	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/02/2017	949a	Comm report: To pass as amended and re-refer to State Government Finance and Policy and Elections
03/09/2017	1268a	Comm report: To pass as amended
	1279	Second reading
	6107	Rule 47, returned to State Government Finance and Policy and Elections

1.1 A bill for an act

1.2 relating to human services; modifying certification requirements for assertive

1.3 community treatment; amending Minnesota Statutes 2016, section 256B.0622,

1.4 subdivisions 3a, 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 3a, is amended to

1.7 read:

1.8 Subd. 3a. **Provider certification and contract requirements for assertive community**

1.9 **treatment.** (a) The assertive community treatment provider entity must:

1.10 ~~(1) have a contract with the host county to provide assertive community treatment~~

1.11 ~~services; and~~

1.12 ~~(2)~~ have each ACT team be certified by the state following the certification process and

1.13 procedures developed by the commissioner. The certification process determines whether

1.14 the ACT team meets the standards for assertive community treatment under this section as

1.15 well as minimum program fidelity standards as measured by a nationally recognized fidelity

1.16 tool approved by the commissioner. Recertification must occur at least every three years.

1.17 (b) An ACT team certified under this subdivision must meet the following standards:

1.18 (1) have capacity to recruit, hire, manage, and train required ACT team members;

1.19 (2) have adequate administrative ability to ensure availability of services;

1.20 (3) ensure adequate preservice and ongoing training for staff;

2.1 (4) ensure that staff is capable of implementing culturally specific services that are
2.2 culturally responsive and appropriate as determined by the client's culture, beliefs, values,
2.3 and language as identified in the individual treatment plan;

2.4 (5) ensure flexibility in service delivery to respond to the changing and intermittent care
2.5 needs of a client as identified by the client and the individual treatment plan;

2.6 (6) develop and maintain client files, individual treatment plans, and contact charting;

2.7 (7) develop and maintain staff training and personnel files;

2.8 (8) submit information as required by the state;

2.9 (9) keep all necessary records required by law;

2.10 (10) comply with all applicable laws;

2.11 (11) be an enrolled Medicaid provider;

2.12 (12) establish and maintain a quality assurance plan to determine specific service
2.13 outcomes and the client's satisfaction with services; and

2.14 (13) develop and maintain written policies and procedures regarding service provision
2.15 and administration of the provider entity.

2.16 (c) The commissioner may intervene at any time and decertify an ACT team with cause.
2.17 The commissioner shall establish a process for decertification of an ACT team and shall
2.18 require corrective action, medical assistance repayment, or decertification of an ACT team
2.19 that no longer meets the requirements in this section or that fails to meet the clinical quality
2.20 standards or administrative standards provided by the commissioner in the application and
2.21 certification process. The decertification is subject to appeal to the state.

2.22 (d) A provider entity must specify in the provider entity's application what geographic
2.23 area and populations will be served by the proposed program. A provider entity must
2.24 document that the capacity or program specialties of existing programs are not sufficient
2.25 to meet the service needs of the target population. A provider entity must submit evidence
2.26 of ongoing relationships with other providers and levels of care to facilitate referrals to and
2.27 from the proposed program.

2.28 (e) A provider entity must submit documentation that the provider entity requested a
2.29 statement of need from each county board and tribal authority that serves as a local mental
2.30 health authority in the proposed service area. The statement of need must specify if the local
2.31 mental health authority supports or does not support the need for the proposed program and
2.32 the basis for this determination. If a local mental health authority does not respond within

3.1 60 days of the receipt of the request, the commissioner shall determine the need for the
 3.2 program based on the documentation submitted by the provider entity.

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

3.4 Sec. 2. Minnesota Statutes 2016, section 256B.0622, subdivision 4, is amended to read:

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

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

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

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

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

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

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

3.20 (d) A provider entity must submit documentation that the provider entity requested a
 3.21 statement of need from each county board and tribal authority that serves as a local mental
 3.22 health authority in the proposed service area. The statement of need must specify if the local
 3.23 mental health authority supports or does not support the need for the proposed program and
 3.24 the basis for this determination. If a local mental health authority does not respond within
 3.25 60 days of the receipt of the request, the commissioner shall determine the need for the
 3.26 program based on the documentation submitted by the provider entity.

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