

Bill Summary Comparison of Health and Human Services

Senate File UEH2749-1
Article 22: Mental Health

House File 3467-3
Article 5: Chemical and Mental Health

Prepared by:
Senate Counsel, Research and Fiscal Analysis and House Research
May 5, 2016

This publication can be made available in alternative format upon request.
Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance.

SENATE

HOUSE

Article 22: Mental Health		Article 5: Chemical and Mental Health
<p>Section 1 (245.735, subd. 3) modifies the Excellence in Mental Health Act demonstration project, which establishes certified community behavioral health clinics (CCBHC), by adding components needed to implement the demonstration project, including providers standards, certification process, and prospective payment methodology. This section is effective the day following final enactment.</p>	<p>Paragraphs (a), (c), (d), and (e), have similar language, but technical and minor language differences. Staff recommend Senate.</p> <p>Paragraph (b) has technical differences. Staff recommend House.</p> <p>Paragraph (e) has minor language differences. Staff recommend Senate.</p> <p>Paragraphs (f) to (i) are identical.</p>	<p>Section 1. Certified community behavioral health clinics. Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 3. As part of a federal planning grant for the Excellence in Mental Health demonstration project, this section authorizes the commissioner to develop certification standards for certified behavioral health clinics and establish a prospective payment system for services provided by these clinics. Provides that this section is effective the day following final enactment.</p>
<p>Section 2 (245.735, subd. 4) requires the commissioner to collaborate and partner with stakeholders listed in this section in developing and implementing the CCBHCs. This section is effective the day following final enactment.</p>	<p>Identical.</p>	<p>Sec. 2. Public participation. Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 4. Requires the commissioner to consult, collaborate, and partner with stakeholders in developing and implementing certified community behavioral health clinics. Provides that this section is effective the day following final enactment.</p>
<p>Section 3 (245.99, subd. 2) amends the adult mental illness crisis housing assistance program by changing the eligibility; under current law, persons with serious and persistent mental illness are eligible and the modification allows for persons with serious mental illness to be eligible. This section is effective the day following final enactment.</p>	<p>Senate section is effective the day following final enactment.</p>	<p>Sec. 3. Rental assistance. Amends § 245.99, subd. 2. Modifies criteria for the receipt of housing assistance so that persons with a serious mental illness can receive up to 90 days of rental assistance.</p>
<p>Sections 4 and 7 (254B.01, subd. 4a, 254B.05, subd. 5) modify culturally specific programs to include subprograms for purposes of receiving enhanced chemical dependency rates. These sections are effective the day following final enactment.</p>	<p>Senate only sections.</p>	

SENATE

HOUSE

Article 22: Mental Health		Article 5: Chemical and Mental Health
<p>Section 5 (254B.03, subd. 4) changes the county share, for fiscal year 2017 only, with regard to chemical dependency services for publically funded clients from 22.95 percent to 15 percent, and changes the county share of the state collection from a private or third-party payment from 22.9 percent to 15 percent.</p>	<p>Technical differences in section formatting. Staff recommend Senate.</p>	<p>Sec. 4. Division of costs. Amends § 254B.03, subd. 4. Reduces the county share of cost for chemical dependency treatment to 15 percent for fiscal year 2017 only. The current county share is 22.95 percent. Makes a conforming reduction to the percent reimbursement from the state to the county if the state makes collections from private or third-party payments. Provides that this section is effective July 1, 2016.</p>
<p>Section 6 (254B.04, subd. 2a) adds language stating that it should not be a factor in making placements for chemical dependency treatment whether the treatment facility has been designated an institution for mental disease (IMD).</p>	<p>Identical.</p>	<p>Sec. 5. Eligibility for treatment in residential settings. Amends § 254B.04, subd. 2a. Requires that if a person meets the criteria for residential placement, a facility’s designation as an institution for mental diseases (IMD) must not be a factor in the placement decision. Provides that this section is effective July 1, 2016.</p>
<p>Section 8 (254B.06, subd. 2) requires the commissioner, for fiscal year 2017 only, to allocate 85 percent, instead of 77.05 percent, of the patient and third-party payments to the special revenue account, and allocate 22.95 percent, instead of 15 percent, to the county of financially responsible for the patient.</p>	<p>Both House and Senate achieve same purpose, technical drafting differences. Staff recommend House.</p>	<p>Sec. 6. Allocation of collections. Amends § 254B.06, subd. 2. Changes the allocation of collections for fiscal year 2017 only. To conform to the change in county share of cost in subdivision 1, the amendment to this subdivision requires the commissioner to allocate 15 percent of the collection to the county of financial responsibility. Provides that this section is effective July 1, 2016.</p>
<p>Section 9 (254B.06, subd. 4) adds a new subdivision prohibiting the commissioner from denying reimbursement to a program designated as an IMD due to a reduction in federal financial participation and the addition of new residential beds.</p>	<p>Identical.</p>	<p>Sec. 7. Reimbursement for institutions for mental disease. Amends § 254B.06, by adding subdivision 4. Prohibits the commissioner from denying reimbursement to a program designated as an IMD due to a reduction in federal financial participation and the addition of new residential beds. Provides that this section is effective July 1, 2016.</p>

SENATE

HOUSE

Article 22: Mental Health		Article 5: Chemical and Mental Health
	House only section.	Sec. 8. Pilot projects; treatment for pregnant and postpartum women with substance use disorder. Adds § 254B.15. Directs the commissioner of human services to establish pilot projects, within the limits of federal funds available specifically for this purpose, to provide substance use disorder treatment and services to pregnant and postpartum women. Requires the commissioner to apply for any available federal grant funds for the pilot projects.
Section 10 (256B.0621, subd. 10) allows medical assistance reimbursement for interactive video for relocation case management services, which helps recipients gain access to needed services and supports if they choose to move from an institution to the community.	Identical.	Sec. 9. Payment rates. Amends § 256B.0621, subd. 10. Adds that in assisting a client who is moving from an institution to the community, a case manager may bill medical assistance for relocation targeted case management services conducted by interactive video as provided in section 256B.0924, subd. 4a.
Section 11 (256B.0622, subd. 12) allows the commissioner to use grant funds, within available appropriations, for assertive community treatment teams, intensive residential treatment services, or crisis residential services. This section is effective the day following final enactment.	Senate only section.	
Section 12 (256B.0625, subd. 20) modifies the mental health case management section of law to allow medical assistance reimbursement for contact by interactive video, that meet the requirements of section 256B.0625, subdivision 20b.	Identical except paragraph (p). House states “services must actively support” and Senate states “services are expected to actively support.” Minor language differences. Staff recommend House.	Sec. 10. Mental health case management. Amends § 256B.0625, subd. 20. Provides that medical assistance and MinnesotaCare will pay for mental health case management services provided by interactive video if the interactive video contact meets the requirements of subdivision 20b.
Section 13 (256B.0625, subd. 20b) adds a new subdivision creating a new benefit under the medical assistance chapter for mental health targeted case management through interactive video.	Identical except for technical formatting and punctuation differences, and House includes a cross-reference to MA payment. Staff recommend House, except delete cross-reference in House paragraph (a).	Sec. 11. Mental health targeted case management through interactive video. Amends § 256B.0625, by adding subd. 20b. Provides, subject to federal approval, that medical assistance will pay for mental health targeted case management services provided by interactive video to a person who resides in a hospital, nursing facility, or

SENATE

HOUSE

Article 22: Mental Health		Article 5: Chemical and Mental Health
		residential setting staffed 24 hours a day, seven days a week. Use of interactive video must be approved in the case plan, must be in the best interests of the person, and must be approved by the person receiving services, the case manager, and the provider operating the setting where the person resides.
<p>Section 14 (256B.0924, subd. 4a) allows medical assistance reimbursement for interactive video contact for targeted case management for vulnerable adults and adults with developmental disabilities. This section also sets the parameters for contact by interactive video for targeted case management. Interactive video is subject to federal approval, and is allowed if the requirements are met.</p>	<p>Identical except some grammar, punctuation, and stylistic differences. Staff recommend House.</p>	<p>Sec. 12. Targeted case management through interactive video. Amends § 256B.0924, by adding subd. 4a. Paragraph (a) provides, subject to federal approval, that medical assistance will pay for targeted case management services provided by interactive video to a person who resides in a hospital, nursing facility, or residential setting staffed 24 hours a day, seven days a week. Use of interactive video must be approved in the case plan, must be in the best interests of the person, and must be approved by the person receiving services, the case manager, and the provider operating the setting where the person resides. Provides that interactive video cannot be used for more than 50 percent of the minimum required face-to-face contacts.</p>
<p>Section 15 establishes a rural demonstration project to assist transition-aged youth and young adults with emotional behavioral disturbance or mental illness in making a successful transition into adulthood. Requires a report by January 1, 2019, on the status and outcomes of the demonstration project.</p>	<p>Both Senate and House create a grant program for a rural demonstration project, and language is substantially similar except for paragraph (a). Senate requires commissioner to grant funds to a children’s mental health collaborative, and House states that children’s mental health collaboratives are eligible to apply for grant funding, and the commissioner must solicit proposals. Some differences in paragraph (c) as to who the commissioner shall report, and also data must be collected and reported “as outlined” (Senate) or “per guidelines approved” (House) by commissioner.</p>	<p>Sec. 14. Rural demonstration project. Creates a grant program for a children’s mental health collaborative to provide individualized coaching to rural youth ages 15 to 25 currently in the mental health system or with emerging mental health conditions so that these youth are able to achieve their personal goals in education, employment, housing, and community functioning. Requires the grantee to use all available sources of funding and to complete a program evaluation. Instructs the commissioner to issue a report to legislative committees with jurisdiction over mental health on the status</p>

SENATE

HOUSE

Article 22: Mental Health		Article 5: Chemical and Mental Health
		and outcome of the demonstration by January 15, 2019. Requires the collaborative to report outcome data to the commissioner.
Section 16 requires the Commissioner of Human Services to seek federal approval for interactive video contact.	Technical differences. Staff recommend House.	Sec. 13. Commissioner duty to seek federal approval. Instructs the commissioner to seek federal approval to implement case management via interactive video.