

Bill Summary Comparison of Health and Human Services

Senate File UEH1233-1
Article 4

Strengthening Chemical and
Mental Health Services

House File 1233, 3rd Engrossment
Article 4: Strengthening
Chemical and Mental Health
Services

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SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
1	(245.462, subd. 20) modifies the definition of “mental illness” to include schizoaffective disorder, and defines case management to include adults age 21 or younger who were eligible for case management as a child.	Senate-only provision.	
2	(245.4661, subd. 5) requires the commissioner to issue a request for proposals for regions in which a need has been identified for Minnesota specialty treatment services, which are defined as intensive rehabilitative mental health treatment services (IRTS).	Identical	Sec. 1. Planning for pilot projects. Amends § 245.4661, subd. 5. Excludes placement and establishment of IRTS facilities from the local mental health authority planning process. Requires the commissioner to identify the need for IRTS services and issue a request for proposal.
3	(245.4661, subd. 6) allows the commissioner to transfer funds for grants to providers who were awarded grants through the RFP process, to participate in mental health specialty treatment services.	Identical	Sec. 2. Duties of commissioner. Amends § 245.4661, subd. 6. Allows the commissioner to use funds from the state-operated services account for grants to providers to participate in mental health specialty treatment services.
4	(245.4682, subd. 2) strikes a reference to children’s mental health grants, which has the effect of reducing funding to counties for children’s mental health grants, which under the Governor’s budget, DHS is using the pay for the nonfederal share of the new care consultation benefit.	Identical	Sec. 3. General provisions. Amends § 245.4682, subd. 2. Strikes references to children’s mental health in this section on reform of the mental health system.
5	(245.4875, subd. 8) allows case management for transition services if the person is requesting the services and if the services are medically necessary.	Senate-only provision.	
6	(245.4881, subd. 1) requires case management services be offered under certain circumstances, and requires the development of a transition plan before discontinuing case management services for children age 17 and 21, which includes a plan for health insurance, housing, education, employment and treatment.	Senate-only provision.	
7	(246.18, subd. 8) modifies the state-operated services account established in the 2010 special session, requiring new revenue generated by the new state-operated services listed in this section be deposited into this account. The new language	Identical	Sec. 4. State-operated services account. Amends § 246.18, subd. 8. Adds paragraph (b) which allows the commissioner to access funds in the state-operated services account to provide transition services to individuals leaving institutional

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
	allows the commissioner to access the funds to provide services to transition individuals from institutions to the community, and for grants to providers participating in mental health specialty treatment services.		settings, to make grant funds available to providers participating in mental health specialty treatment services, and to fund operation of the IRTS program in Willmar.
8	(246.18, subd. 9) allows the commissioner to transfer state mental health grant funds to the account in the previous section for noncovered allowable costs of a provider certified and licensed to provide intensive rehabilitative mental health services under state-operated services.	Identical	Sec. 5. Transfers. Amends § 246.18, by adding subd. 9. Allows the commissioner to transfer state mental health grant funds to the state-operated services account for noncovered costs of a state-operated services IRTS provider.
		House-only provision	<p>Art. 10, sec. 16. Liability of county; reimbursement. Amends § 246.54.</p> <p>Subd. 1. County portion for cost of care. Increases the county portion for the cost of care at a regional treatment center or state nursing home for a county resident from 50 percent to 75 percent for any days over 60.</p> <p>Subd. 2. Exceptions. Excludes services at the Minnesota Security Hospital from subdivision 1. Adds that for state-operated forensic transition services at the security hospital, the county share is 50 percent of the cost of care, unless the state receives payments from other sources in excess of 50 percent of the cost of care. In those cases, a county is responsible for only the remaining amount.</p>
9	(253B.10, subd. 1) modifies the commitment act to require the commissioner to prioritize patients being admitted from jail or a correctional institution who are confined to a state hospital, under civil commitment, found guilty by reason of mental illness, or civilly committed after dismissal of criminal charges.	Senate-only provision.	

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
10	(254B.13) modifies the chemical health care pilot project, specifies eligibility for navigator pilot program.	Identical except in head note of subdivision 4, Senate uses the phrase “navigator pilot project” and House uses “navigator project.”	<p>Sec. 6. Pilot projects; chemical health care. Amends § 254B.13.</p> <p>Subd. 1. Authorization for navigator pilot projects. Makes technical changes by adding the term “navigator.”</p> <p>Subd. 2. Program design and implementation. Deletes obsolete language and adds the term “navigator.”</p> <p>Subd. 2a. Eligibility for navigator pilot program. Lists the eligibility criteria a prospective client must meet in order to participate in a navigator program.</p> <p>Subd. 3. Program evaluation. Adds the term “navigator.”</p> <p>Subd. 4. Notice of navigator project discontinuation. Allows either party to discontinue participation for any reason after 30 days’ written notice to the other party.</p> <p>Subd. 5. Duties of the commissioner. Paragraph (a) allows the commissioner to authorize navigator programs to use the CCDTF for nontreatment services. Paragraph (b) defines “nontreatment services.” Paragraph (c) limits state expenditures for services provided through the navigator programs to no more than the CCDTF expected share in the absence of the programs. Paragraph (d) allows the commissioner to waive administrative rules, except the rule requiring a licensed treatment provider to provide chemical</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
			<p>dependency treatment.</p> <p>Paragraph (e) prohibits the commissioner from entering into any agreement that puts federal funding at risk.</p> <p>Paragraph (f) requires the commissioner to provide participating counties with specified data at least once every six months so that the counties can assess and measure outcomes.</p> <p>Subd. 6. Duties of the county board. Requires the county board in participating counties to administer the program consistent with this section, ensure that no one who is otherwise eligible for chemical dependency services is denied services, and provide the commissioner with information as negotiated in the navigator agreement.</p> <p>Subd. 7. Managed care. Excludes navigator participants from mandatory enrollment in managed care until services are included in the health plan's benefit set.</p> <p>Subd. 8. Authorization for continuation of navigator pilots. Allows navigator pilots already in existence to continue under existing operating agreements.</p> <p>Effective date. Provides that subdivision 1 to 6 and 8 are effective August 1, 2013, and subdivision 7 is effective July 1, 2013.</p>
11	(254B.14) establishes a continuum of care pilot project for chemical health care, to improve the effectiveness and efficiency of the service continuum for chemically dependent individuals, while reducing duplicity and promoting	Identical	<p>Sec. 7. Continuum of care pilot projects; chemical health care. Creates § 254B.14.</p> <p>Subd. 1. Authorization for continuum of care</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
	scientifically supported practices.		<p>pilot projects. Instructs the commissioner to establish pilot projects to implement measures to improve effectiveness and efficiency of the service continuum for chemically dependent individuals.</p> <p>Subd. 2. Program implementation. Paragraph (a) instructs the commissioner, in coordination with specified entities, to identify and select interested counties and providers for participation in one of three pilot projects.</p> <p>Paragraph (b) requires the commissioner and entities participating in the pilots to enter into operating agreements.</p> <p>Paragraph (c) allows counties participating in the navigator pilot to participate in a continuum of care pilot.</p> <p>Paragraph (d) allows the commissioner to waive administrative rules that are incompatible with the pilot projects.</p> <p>Paragraph (e) allows the commissioner to designate noncounty entities to complete chemical use assessments and placement authorizations.</p> <p>Subd. 3. Program design. Lists the elements that must be included in the design of the pilot projects.</p> <p>Subd. 4. Notice of project discontinuation. Allows a participating entity or the commissioner to discontinue participation with 30 days' written notice to the other party.</p> <p>Subd. 5. Duties of the commissioner. Paragraph (a) allows the commissioner to authorize the</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
			<p>expenditure of CCDTF funds for payment of nontreatment services.</p> <p>Paragraph (b) limits county expenditures to their expected share of forecasted expenditures.</p> <p>Effective date. Provides an August 1, 2013 effective date.</p>
		House-only provision	<p>Sec. 8. Home and community-based services transition grants. Creates § 256.478. Requires the commissioner to make available home and community-based services transition grants to serve individuals who do not meet MA eligibility criteria, but who otherwise meet the criteria established for people being discharged from Anoka Metro Regional Treatment Center or the Minnesota Security Hospital in St. Peter. Authorizes the commissioner to transfer funds between certain accounts. Makes this section effective July 1, 2015.</p>
12	(256B.0616) establishes the mental health certified family peer specialist as a service covered under medical assistance, upon federal approval.	Senate-only provision.	
13	(256B.0623, subd. 2) adds parenting skills under the rehabilitative mental health services.	Identical	<p>Sec. 9. Definitions. Amends § 256B.0623, subd. 2. Adds parenting skills to the list of approved adult mental health treatment services.</p>
		House-only provision.	<p>Sec. 10. School-linked mental health services. Amends § 256B.0625, by adding subd. 35c. Allows medical assistance coverage for mental health services provided as part of a school-linked mental health programs when services are provided by individuals licensed by the Board of Behavioral Health and Therapy, Board of Marriage and Family Therapy, Board of Psychology, or Board of Social Work and who meets the definition of mental health practitioner. Requires supervision by a mental health professional.</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
14	(256B.0625, subd. 48) adds psychologist and advanced practice registered nurse certified in psychiatric mental health to the MA providers allowed to provide consultation to primary care providers.	House and Senate add consultation by a psychologist. Senate adds consultation by an APRN certified in psychiatric mental health	Sec. 11. Psychiatric consultation to primary care practitioners. Amends § 256B.0625, subd. 48. Requires medical assistance coverage of consultation provided by psychologists.
15	(256B.0625, subd. 56) modifies the medical service coordination benefit under medical assistance, by adding in-reach community based service coordination through a hospital emergency department or inpatient psychiatric unit. This section also specifies in-reach community based service coordination for children and young adults with serious emotional disturbance.	Senate-only provision.	
16	(256B.0625, subd. 61) adds family psychoeducation services to the list of services covered under medical assistance, subject to federal approval.	Identical	Sec. 12. Family psychoeducation services. Amends § 256B.0625, by adding subd. 61. Provides that family psychoeducation services as a component of an individual treatment plan for a child up to age 21 that is provided by a licensed mental health professional is covered by medical assistance. Defines “family psychoeducation services.” Provides that this section is effective July 1, 2013, or upon federal approval, whichever is later.
17	(256B.0625, subd. 62) adds mental health clinical care consultation to the list of services covered under medical assistance, subject to federal approval.	Senate allows MA coverage of services provided by a licensed mental health professional or a clinical trainee. House limits coverage to services provided by a licensed mental health professional.	Sec. 13. Mental health clinical care consultation. Amends § 256B.0625, by adding subd. 62. Provides that mental health clinical care coordination as a component of an individual treatment plan for a child up to age 21 and provided by a licensed mental health professional is a covered medical assistance service. Defines “clinical care coordination.” Provides an effective date of July 1, 2013, or upon federal approval, whichever is later.
		House-only provision.	Sec. 14. Waiver allocations for transition populations. Amends § 256B.092, by adding subd. 13. Requires the commissioner to make available additional DD waiver allocations and additional necessary resources to assure

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
			<p>timely discharge from the Anoka Metro Regional Treatment Center and the Minnesota Security Hospital in St. Peter for people who meet specified criteria. Specifies additional waiver allocations must meet federal cost-effectiveness requirements and any corporate foster care home developed under this subdivision must be considered an exception within the foster care moratorium.</p> <p>Makes this section effective July 1, 2015.</p>
18	(256B.0943, subd. 1) modifies children’s therapeutic services and supports (CTSS), by defining the term “mental health service plan development.”	Senate-only provision.	
19	(256B.0943, subd. 2) modifies children’s therapeutic services and supports (CTSS), by including mental health service plan development, clinical care coordination, family psychoeducation, and family peer specialist, to the list of services covered under CTSS.	Senate-only provision.	
20	(256B.0943, subd. 7) references the new level II behavioral aide under section 256B.0943, subdivision 8a.	Senate-only provision.	
21	(256B.0943, subd. 8a) requires the Commissioner of Human Service, in collaboration with the Board of Trustees of the Minnesota State Colleges and Universities, to develop a certificate program for level II mental health behavioral aide.	Senate-only provision.	
22	(256B.0946) modifies the intensive treatment in foster care section of law, by adding definitions, and modifying eligibility and services.	Identical	<p>Sec. 15. Intensive treatment in foster care. Amends § 256B.0946.</p> <p>Subd. 1. Required covered service components. Requires, for eligible children with mental illness who reside in family foster care settings, medical assistance to cover specified intensive treatment services: psychotherapy, crisis assistance, psychoeducation</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
			<p>services, clinical care consultation, and certain service delivery payment requirements.</p> <p>Subd. 1a. Definitions. Defines the terms “clinical care consultation,” “clinical supervision,” “clinical supervisor,” “clinical trainee,” “crisis assistance,” “culturally appropriate,” “culture,” “diagnostic assessment,” “family,” “foster care,” “foster family setting,” “individual treatment plan,” “mental health practitioner,” “mental health professional,” “mental illness,” “parent,” “psychoeducation services,” “psychotherapy,” and “team consultation and treatment planning.”</p> <p>Subd. 2. Determination of client eligibility. Defines an eligible recipient as an individual, from birth through age 20, who is placed in a licensed foster home and has received a diagnostic assessment and an evaluation of level of care needed.</p> <p>Subd. 3. Eligible mental health services providers. Requires providers to be certified by the state, have a service provision contract with a county board or reservation tribal council, and demonstrate the ability to provide services.</p> <p>Subd. 4. Service delivery payment requirements. Lists the service delivery requirements a provider must meet in order to be reimbursed for services.</p> <p>Subd. 5. Service authorization. No changes.</p> <p>Subd. 6. Excluded services. Paragraph (a) lists the services that are not covered by medical assistance as components of intensive treatment in foster care.</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
			<p>Permits these services to be billed separately.</p> <p>Paragraph (b) lists the services not eligible for medical assistance reimbursement while the child is receiving intensive treatment in foster care.</p> <p>Subd. 7. Medical assistance payment and rate setting. Requires the commissioner to establish a single per-client encounter rate for intensive treatment in foster care services.</p>
		House-only provision	<p>Sec. 16. Waiver allocations for transition populations. Amends § 256B.49, by adding subd. 24. Requires the commissioner to make available additional waiver allocations and additional necessary resources to assure timely discharge from the Anoka Metro Regional Treatment Center and the Minnesota Security Hospital in St. Peter for people who meet specified criteria. Specifies additional waiver allocations must meet federal cost-effectiveness requirements and any corporate foster care home developed under this subdivision must be considered an exception within the foster care moratorium.</p> <p>Makes this section effective July 1, 2015.</p>
23	(256B.761) allows the commissioner to restructure coverage policy and rates to improve access to adult rehabilitation mental health services and related mental health support services. The increased costs is transferred from the adult mental health grants and is a permanent base adjustment.	Identical	<p>Sec. 17. Reimbursement for mental health services. Amends § 256B.761. Adjusts payment rates to improve access to adult rehabilitative mental health services and related mental health support services.</p>
24	(256I.05, subd. 1e) strikes a supplementary rate increase for a group residential housing provider that was to go into effect on July 1, 2013.	House strikes paragraphs (b), which specifies a provider in St. Louis County, and (c); Senate strikes paragraph (c).	<p>Art. 10, sec. 20. Supplementary rate for certain facilities. Amends § 256I.05, subd. 1e. Strikes language allowing a supplementary rate to be negotiated with Teen Challenge.</p>

SENATE

HOUSE

Section	Article 4: Strengthening Chemical and Mental Health Services		Article 4: Strengthening Chemical and Mental Health Services
25	Child and Adolescent Behavioral Health Services. Requires the Commissioner of Human Services, in consultation with interested providers, advocates, and other interested parties, to develop recommendations and legislation for state-operated child and adolescent behavioral health services facility that meets the requirements under this section.	Senate-only provision.	
26	Pilot Provider Input Survey of Pediatric Services and Children’s Mental Health Services. Requires the Commissioner of Human Services to initiate a provider survey of providers of pediatric services and children’s mental health services to identify and measure issues related to the management of medical assistance. The survey question must focus on seven key business functions. The report is due January 1, 2014.	Senate-only provision.	
27	Mentally Ill and Dangerous Commitments Stakeholders Group. Establishes the mentally ill and dangerous commitments stakeholders group, to develop recommendations for the Legislature that address issues raised in February 2013 Office of the Legislative Auditor report.	Senate-only provision.	
		House-only provision.	<p>Sec. 18. State assistance to counties; transitions for high needs populations. Paragraph (a) requires the commissioner to assist counties to assure timely discharge of patients from AMRTC and the MSH when a county does not have provider resources or appropriate placement available. Requires the commissioner to give special consideration to uninsured individuals with complex needs.</p> <p>Paragraph (b) instructs the commissioner to offer metropolitan area residents about their geographic placement preferences before making a placement.</p>