## HOUSE RESEARCH =

## Bill Summary =

**DATE:** April 7, 2009

FILE NUMBER: H.F. 1708

**Version:** First engrossment

**Authors:** Hosch

**Subject:** DHS Mental Health Policy

**Analyst:** Lynn F. Aves, 651-296-8079

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd.

## Overview

This department bill makes technical amendments related to adult mental health services, including rate setting requirements. It modifies components of children's therapeutic services and supports, and changes supervision requirements for various mental health practitioners.

## Section

- Other professionals. Amends § 148C.11, subd. 1. Continues the exclusion from licensure as an alcohol and drug counselor for individuals who provide integrated dual-diagnosis treatment in specified adult mental health rehabilitative programs.
- **Admission criteria.** Amends § 245.4885, subd. 1. Eliminates the requirement for a county board to make a level of care determination for children admitted to an acute care hospital for treatment of severe emotional disturbance.
- 3 Special contracts; bordering states. Amends § 245.50, subd. 5. Permits an examiner in a bordering state to initiate an emergency hold on a Minnesota resident who is in a hospital in the bordering state if the resident meets the criteria for an emergency hold to be initiated.
- **Scope.** Amends § 256B.0615, subd. 1. Adds medical assistance coverage for certified peer specialists who provide services to individuals who are eligible for adult crisis response services.
- **Eligibility.** Amends § 256B.0615, subd. 3. Allows peer support services to be offered to consumers of crisis stabilization services.
- Medical assistance payment for intensive rehabilitative mental health services.

  Amends § 256B.0622, subd. 8. Requires the host county to recommend one medical assistance rate to be paid for each nonresidential provider. Currently, the county is to recommend two rates for each nonresidential provider.

Requires the county to document the proposed overall number of units of service to be delivered to each recipient.

- **Qualifications of provider staff.** Amends § 256B.0623, subd. 5. Clarifies the qualifications of a mental health rehabilitation worker for purposes of medical assistance reimbursement for adult rehabilitative mental health services.
- **Adult crisis stabilization staff qualifications.** Amends § 256B.0624, subd. 8. Adds certified peer specialists as a provider for adult crisis stabilization services. Requires the peer specialist to work under the clinical supervision of a mental health professional.
- Community health worker. Amends § 256B.0625, subd. 49. Adds that a mental health professional can provide the supervised work experience needed for a community health worker. Adds mental health professionals to the list of professionals who can supervise a community health worker.
- **Definitions.** Amends § 256B.0943, subd. 1. Amends children's therapeutic services and supports definitions. Adds the definition of "mental health behavioral aide services." Redefines "skills training."
- 11 Covered service components of children's therapeutic services and supports. Amends § 256B.0943, subd. 2. Requires a provider to be certified under subdivision 4, provider entity certification. Clarifies covered services.
- **Provider entity certification.** Amends § 256B.0943, subd. 4. Clarifies that the state is responsible for certifying provider entities.
- Provider entity administrative infrastructure requirements. Amends § 256B.0943, subd. 5. Clarifies the written policies and procedures which are to address administrative infrastructure requirements.
- Provider entity clinical infrastructure requirements. Amends § 256B.0943, subd. 6. Adds that a child's individual treatment plan must identify goals and objectives of treatment, including strategies to achieve identified goals, must be developed after the child's diagnostic assessment and before the provision of services, and must be signed by the clinical supervisor.

Adds a provision that medical assistance will reimburse for children's therapeutic services and supports delivered by a mental health behavioral aide who has a consulting relationship with a mental health professional. Requires the mental health professional to provide at least one hour of observation during the first 12 hours of service provision by the aide.

- **Qualifications of individual and team providers.** Amends § 256B.0943, subd. 7. Requires a mental health behavioral aide to work under the clinical supervision of a mental health professional.
- **Service delivery criteria.** Amends § 256B.0943, subd. 9. Changes the requirement for day treatment programs hours. Current law requires these programs to be available at least one day a week for a three hour time block; the amendment requires them to be available three hours per day, five days a week, and 12 months of the year.

Changes the requirement for therapeutic preschool hours. Current law requires the

programs to be available at least one day per week for a minimum two hour time block. The amendment changes this to two hours per day, five days a week, and 12 months of the year.

Strikes language in the sections on day treatment programs and therapeutic preschools that permits recreational therapy, socialization therapy, or independent living skills therapy as a reimbursable service and substitutes individual or group skills training. Permits providing fewer than the required hours when a child is transitioning into or out of the program.

Provides that mental health behavioral aide services must be medically necessary, identified in the child's individual treatment plan and individual behavior plan, and designed to improve the functioning of the child. Lists appropriate services.

- Mobile crisis intervention staff qualifications. Amends § 256B.0944, subd. 5. Changes a statutory cross-reference based on amendments proposed in this bill.
- **Rate setting.** Requires the commissioner to recommend a new rate setting methodology for intensive residential and nonresidential mental health services to the legislative committees with jurisdiction over health and human services no later than January 10, 2010.