NAMI Minnesota
2017 Minnesota Legislative Session
Summary of New Laws Affecting
Children and Adults with Mental Illnesses and Their Families

Adult Mental Health

Assertive Community Treatment Teams
There will be an additional one time grant of $400,000 for the biennium to expand and improve Assertive Community Treatment services. SS Chapter 6, Article 18.

Anoka Metro Regional Treatment Center (AMRTC)
The bonding bill included $2.25 million for security and safety renovations at the Anoka Metro Regional Treatment Center. SS Chapter 8, Article 1.

First Psychotic Episode
There is an additional $1 million for the biennium to fund first psychotic episode programs. Funding can be used to ensure individuals who live in rural areas can access the program by paying for travel, housing or other barriers to accessing this program. SS Chapter 6, Article 18,

Mental Health Innovation Grants
Currently the county pays 100% of the cost-of-care for someone in a state operated program when the person no longer needs that level of care. This was supposed to create an incentive for counties to develop community services to meet those people's needs. Unfortunately, this money goes into the state government general fund – it is not separated out to develop community services. This has left many counties strapped for funds to develop needed services.

Mental health innovation grants will help with this problem. There is $1 million per year to fund projects that will improve access to community-based services and reduce the number of people admitted to state operated programs such as Anoka Metro Regional Treatment Center or a Community Behavioral Health Hospital. Half of all the grant money must go outside the metro area. Grant applications must include the purpose of the project, the problem it is addressing, a letter of support from the county, and a process for documenting and evaluating results.

The grants can be used for a number of projects such as Intensive Residential Treatment facilities (IRTS), stand alone urgent care centers, crisis homes, collaborations between crisis teams and critical access hospitals, establishing new or expanding current community mental health services (including supportive housing) or other innovative projects.

The Department of Human Services will provide a report to the legislature in December 2019 on the details of the projects including the outcomes. SS Chapter 6, Article 8.

Minnesota Security Hospital (MSH)
The bonding bill included funding to complete Phase II of the renovations for MSH in St. Peter for a cost of $70.255 million. SS Chapter 8. Additional funding was included to increase staffing levels at the hospital for an additional $22.858 million the first biennium and $35,353 for the

second biennium for all programs at St Peter, including the sex offender program, the Competency Restoration Program (CRP) and the regular program for people who have been committed there as "mentally ill and dangerous." MSH security hospital staffing will ramp up from 90.5 Full Time Equivalent (FTE) staff positions in 2018 to 177.5 FTEs by 2022. In 2022, MSH will have 54 FTEs in clinical services, 21 in Medical services, 10 nurses, 24 in rehab therapy, 31 safety and security staff, and 28 administrative and support staff. In May there were 215 in the MSH program, 24 in Competency Restoration, 30 in their Community CRP, 33 in the Nursing Home (St. Peter) and 61 in the Transition program for a total of 363 patients. The per diem rate is $808 for the regular MSH program. Special Session Chapter 8, Article 1.

Peer Run Respite Services
A $100,000 grant is for Wadena County to plan and develop a peer run respite center for people with mental illnesses or people with a co-occurring disorder. The grant is contingent upon Wadena County providing to the Department of Human Services a plan to fund, operate and sustain the program. A peer run respite center must admit people that are in need of support to address symptoms or stressors. It is short-term (not longer than five days), must be run by a nonprofit, have at least three but no more than six beds, and be staffed by Certified Peer Specialists. SS Chapter 6, Article 18.

Children's Mental Health

Child Adolescent Behavioral Health Services (CABHS)
The CABHS program which is located in Willmar and serves on average four children at a time received $896,000 for the biennium to continue operating. The per diem is $3,933. SS Chapter 6, Article 18. In addition, the bonding bill contained $7.53 million to build a new facility in Willmar. SS Chapter 8, Article 1.

Children's Mental Health Redesign
Due to the federal Medicaid match for children's residential treatment going away (see below) the Department of Human Services is going to conduct a comprehensive assessment and analysis of the current continuum of care for children with mental illnesses and develop recommendations. The analysis will look at data on access and utilization, potential expansion of Psychiatric Residential Treatment Facilities (PRTFs), how capacity of residential treatment is impacted if other community services are developed, recommendations for expanding alternative community-based services, and models of care used in other states. Stakeholders, including parents, providers, youth, counties, health plans, advocates and others, will be providing input. Regional listening sessions will be held. A report is due to the legislature in November 2018. SS Chapter 6, Article 8.

Children's Residential Treatment
The federal government will soon be stopping Medicaid payments to children's residential treatment programs due to their designation as Institutions of Mental Disease (IMD), which are a facilities serving people with mental illnesses with over 16 beds. Federal Medicaid law has always discriminated against residential treatment for people with mental illnesses by not allowing it to be used in any facility with over 16 beds where more than 50% of the residents have a mental illness. The federal government had approved Minnesota's use of Medicaid for children's facilities many years ago but recently changed their mind. The legislature appropriated $6.745 for the biennium (and not beyond) to pick up the lost federal share of

Medicaid. No new residential beds can open if they are in a facility considered an "IMD" - a facility serving people with mental illnesses with over 16 beds. There is an exception to this moratorium for facilities that only take private pay and if adding beds would not increase the total state number of beds (for example replacing a facility that closed). SS Chapter 6, Article 2

Department of Corrections Children's Residential Facilities
The Department of Human Services will now investigate allegations of abuse and neglect at children's residential treatment facilities licensed by the Department of Corrections. SS Chapter 6, Article 10.

Foster Care
The department is to design and implement a program to reduce the need for out-of-home placements for children in foster care, adoptive placements and kinship placement and to promote stability for these families. The program shall provide information and referral, parent-to-parent support, peer support for youth, respite care, crisis services, education support, mental health services, etc. It will also offer training for families on the effects of trauma, common disabilities in children in foster care and challenges. This funding is for NACAC and MNADOPT.

Counties will now be mandated to provide support – including foster care - to any youth up to age 21 who ages out of foster care without a viable family. Current law only mandates this for state wards. SS Chapter 6, Article 7.

Functional Assessment
Reinstates a definition of functional assessment to the Children's Mental Health Act. It includes mental health symptoms, mental health needs, use of drugs and alcohol, vocational and educational functioning, social and relationship functioning, self care and independent living capacity, medical and dental health, financial assistance needs, housing and transportation needs and any other needs and problems. SS Chapter 6, Article 8.

Home Visiting for Certain New Mothers
There are increased rates for evidence-based home visiting programs under Medicaid and an additional $12 million this biennium and $33 million the next biennium to start up new or expand existing evidence-based home visiting programs to serve parents with high risk or high needs including parents with a history of mental illness. SS Chapter 6, Article 4 and SS Chapter 6, Article 18.

Psychiatric Hospital Beds
PrairieCare is allowed to add two children/youth to a room thus expanding the number of beds in their children's psychiatric hospital by 21. SS Chapter 6, Article 10.

Psychiatric Residential Treatment Facilities
Language was added to implement the new Psychiatric Residential Treatment Facility (PRTF) level of care. In order to be eligible for a PRTF, the child must: 1) be under age 21, 2) meet medical necessity criteria, 3) have a mental illness as well as clinical evidence of severe aggression or be at risk of hurting themselves or others, 4) have a functional impairment or history of difficulty not functioning safely or successfully in school, home or community or be unable to care for themselves or for the family to safely fulfill their needs, 5) require treatment

under the direction of a physician, 6) have utilized and exhausted other community services or those services cannot provide the level of care needed, 7) have been referred by a mental health professional.

The services offered in a PRTF include developing a plan of care, active treatment seven days a week (individual, family or group therapy), individual therapy at least twice per week, family engagement activities at least once per week, consultation with other professionals (primary care, etc.), 24-hour nursing, coordination of educational services and direct care and supervision. Language is also included related to rate setting for PRTFs. SS Chapter 6, Article 8.

Respite Care
An additional $300,000 is available this biennium for respite care to families who have a child with a mental illness. SS Chapter 6, Article 18.

Restrictive Procedures
Now program staff, not just mental health professionals or practitioners, in children's outpatient programs can physically escort, use seclusion, and use restraints in emergency situations as long as they have had the required training and are acting under the clinical supervision of mental health professional. Chapter 79.

Safe Harbour
The Departments of Health, Public Safety and Human Services will develop a comprehensive strategic plan to address the needs of sex trafficking victims. Additional funding is also made available of $1 million a year for the next two biennia. SS Chapter 6, Article 10

School Linked Mental Health Grants
While no new funding was included in the omnibus bill for school-linked programs, a clarification was made that school linked grant dollars can be used for transportation in order for children to continue receiving services when school is not in session. SS Chapter 6, Article 8.

Start-up Funds
Children's mental health grants can be used for start-up costs to create the new PRTFs. SS Chapter 6, Article 8.

TEFRA Fees
Families with income above the poverty line but whose child with a mental illness or disability is on Medicaid in order to access services and treatment, pay a fee based on their income. Those fees were reduced this session to: For incomes between 275% of poverty and 545%, the sliding fee schedule is reduced from the current range of 2.23% to 6.0% to 1.94% to 5.29%; for incomes between 545% to 675%, the sliding fee schedule is reduced from 6.08% to 5.29%; for incomes between 675% and 975%, the fee is reduced from a range of 6.08% to 8.1% to 5.29% and 7.05%. For those incomes above 975% of the poverty level the fee is reduced from 10.13% to 8.81%. The rate changes go into effect in July 1, 2017. SS Chapter 6, Article 7.

Service Plan Development
Clarifying language was added to allow providers to bill for service plan development for children before the completion of an individual treatment plan. However, service plan

development payments can be taken back if a treatment plan is not developed for the child. Chapter 79.

Youth Informed of Right to an Attorney
Children in child protection over the age of 10 must be notified of their right to legal counsel (an attorney), including information that this service will be provided without charge, that the communications with counsel are confidential, that the child has the right to participate in all proceedings on a petition and that they can only waive their right to counsel through a written statement. The child's parent, guardian, other legally responsible person or guardian ad litem cannot waive a child's right to counsel. Children under that age are also to be informed of their right to an attorney if they are at an age where they can express a preference. Chapter 60.

Criminal Justice/Juvenile Justice/Legal Issues

Alternatives to Incarceration
There is now a new pilot program that encourages agencies supervising individuals on probation, parole, or supervised release for nonviolent controlled substance violations to divert people into community treatment instead of going to corrections. This pilot program offers grants that facilitate access to community options for these individuals including substance use disorder treatment. These services are provided in order to address and correct behavior that may have led to a technical violation of their conditions of release, thereby decreasing the number of people returning to prisons. Chapter 95, Article 3.

Data Sharing
County information on a client can be shared with county correctional agencies in order to coordinate services and for diversion programs. The data is limited to name, client demographics, program, case status, and county worker information. Private court data can be shared to county personal within the welfare system. SS Chapter 6, Article 7.

Medicaid Coverage for Post-Arrest Service Coordination
Allows Medicaid to be used to cover community service coordination for people who have been arrested and live with a mental illness or substance use disorder, who don't need to be in jail and who agree to services instead of being in jail. The coordination must be provided by a mental health professional or practitioner or a peer specialist. Counties, or providers under contract with counties, will be eligible to provide the service and the county providing or contracting for the service will pay the state share of the Medicaid costs. This project is currently being carried out in Blue Earth County. SS Chapter 6, Article 4.

Police Training
$12 million dollars this biennium and the next biennium is available to police departments for police training on crisis intervention and mental health crisis, conflict management and mediation, and recognizing and valuing community diversity and cultural differences, including implicit bias training. The training is to include at least 16 continuing education credits within the three year licensing period. The actual requirements (how many hours on each topic, etc.) will be developed and approved by the Police Officer Training (POST) Board. An additional $100,000 is appropriated for crisis de-escalation training with a focus on responding to a crisis involving a veteran. Chapter 95, Article 3.

Public Defenders
To address the high caseloads of public defenders in Minnesota, $1.5 million dollars was appropriated to hire additional lawyers. Chapter 95, Article 1.

DWI Enforcement
New protections were passed for people taking schedule I or II prescription medications. Someone accused of operating a motor vehicle with the presence of a controlled substance in their system could already defend themselves in the criminal case based on the fact that they were not impaired and were taking the substance according to a prescription. This new law extends the same defense to the administrative drivers' license revocation process of the DWI law as well. Chapter 83.

Early Childhood, Education and Special Education

Access to Records
County welfare workers can request access to education records in order to coordinate services for a child or family. The request has to be made to the school with the worker explaining why the information is needed. The parent or guardian will be contacted by the school and must give permission in order for the records to be released. The county can give the school information including the name, date of birth, gender and address. SS Chapter 6, Article 7

Autism Early Intensive Intervention Benefit
Modifies the autism early intensive developmental and behavioral intervention benefit (EIDBI), which provides comprehensive, multi-disciplinary services to treat autism spectrum disorder or a related condition for youths under the age of 21. The new law clarifies eligibility for EIDBI benefits, makes technical changes, and sets new standards for the providers qualified to determine if an individual is eligible for EIDBI services.

Under this law an individual is now eligible for EIDBI benefits if they have a diagnosis of Autism Spectrum Disorder (ASD) or a related condition and they meet the criteria for medical necessity. Both of these criteria are determined by a Comprehensive Multidisciplinary Evaluation (CMDE). A CMDE must include and document the preferences of the person's legal representative or primary caregiver's preferences for treatment. The CMDE provider must be a licensed physician, advanced practice registered nurse, mental health practitioner, or a mental health professional with at least 2,000 hours of clinical experience in the evaluation and treatment of people with ASD or a related condition.

Additionally, there is a new requirement for culturally and linguistically responsive care for all individuals receiving EIDBI services. Technical changes were made to requirements for the individual treatment plan, such as requiring the individual treatment plan to be submitted to the person's legal representative and monitored by a qualified supervising professional and clarifying that EIDBI services are not meant to replace services provided in school or in another setting, although EIDBI services can be used during school hours.

Finally, the rights of a person receiving EIDBI services include the right to designate an advocate to be present in all aspects of the person's services, be informed of services in a culturally and linguistically appropriate manner, be free from seclusion and restrain except in emergencies, and

the right to be notified by the agency within 24 hours if an incident occurs or the person is injured while receiving services. Chapter 19.

Birth to Age Eight Pilot Project
A grant is made to Dakota County to develop and implement a pilot project that coordinates systems and service delivery to families enrolled in Women's Infant and Children (WIC), a home visiting program, and early language learners (ELL). The county will track developmental milestones and if a child is not meeting them, appropriate services will be offered. Parents must consent. SS Chapter 6, Article 7

Early Childhood
A school readiness plus program is created and there are increased funds for voluntary pre-kindergarten and early learning scholarships. The school readiness plus program focuses on providing a comprehensive program that also addresses social emotional skills and that coordinates with local community-based services. Children with risk factors such as being in foster care or child protection can participate in the school readiness program free of charge. The early learning scholarships are targeted for children whose parent is under the age of 21, is homeless, in foster care or in need of child protection services. There is $117.3 million in combined school readiness and school readiness plus funding as well as $140.4 million for early learning scholarships. SS Chapter 5. Article 8.

Educational Stability for Students in Foster Care
A pilot project is established to facilitate transportation plans to keep children who are in foster care in their same school so that they maintain relationships with trusted adults and teachers and keep their friends. Often these children are placed in a foster care setting outside of their district and thus sever all relationships. The Department of Education must submit a report to the legislature that provides the number of foster care students who were able to remain in their school of origin, expenditures for transportation, and any federal reimbursements. SS Chapter 5, Article 2.

GED
The GED test is replaced with a high school equivalency test that will be selected by the Department of Education. SS Chapter 5, Article 10.

Innovation Research Zones Pilot Program
This program allows school-districts or charter schools to join together with other groups, including nonprofits or units of local government, to improve student and school outcomes with a focus on the goals of the world's best workforce requirements which are: All children are ready for school; all third-graders can read at grade level; all racial and economic achievement gaps between students are closed; all students are ready for career and college; and all students graduate from high school.

These innovation zones must research and implement emerging educational programs, including new models for youths age three to grade three with a focus on the early identification and prevention of mental health issues. SS Chapter 5, Article 2.

Insurance
Requires a school district to notify parents when billing public insurance (Medicaid, MinnesotaCare) for evaluations conducted as part of the Individualized Education Program (IEP) (or IFSP). This also means paying for any evaluations that are necessary to determine if a student is eligible for special education. SS Chapter 5, Article 4.

Intermediate School District Mental Health Innovation Grant Program
The legislature provided $4.9 million for only this biennium for mental health grants to improve mental health outcomes for youth attending an intermediate school district or a service cooperative that serves students at a federal instruction level 4 or higher, meaning that the student is educated in a separate day facility for more than 50% of the day in a program specifically designed for students with disabilities. This grant program is NOT the same as the school-linked mental health grants and is aimed at supporting the unique needs of the population that intermediate schools serve.

In order to be eligible, an applicant must be a mental health clinic, a community mental health center, an Indian health service facility, or a children's therapeutic services provider and employ or contract with at least two licensed mental health professionals who have formal training in evidence-based practices. They must also obtain a letter of support from each qualifying school, have the ability to bill insurance for services, be able to report data and measure outcomes - and have existing partnerships with counties, tribes, substance use disorder providers, and mental health service providers. SS Chapter 5, Article 2.

Positive Behavioral Interventions and Supports
Positive Behavioral Interventions and Supports (PBIS) are defined as an evidence-based framework for preventing problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. The new law lists out the components of PBIS such as establishing, defining, teaching and practicing three to five positively stated schoolwide behavioral expectations; developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgement to students who display the behavioral expectations; developing and implementing a consistent and specialized support system for students not meeting those expectations; developing a system to support decision making based on data; using a continuum of interventions and using a team based approach. SS Chapter 5, Article 2 and Article 5.

Recovery School Funding
There is funding to expand recovery schools to Rochester and St. Cloud. Current funding is $500,000 per year for the existing four schools - that number is now increased to $750,000 for all six schools and funding can be used for transportation. Recovery schools are for youth who have had addictions. SS Chapter 5, Article 2.

Sanneh Foundation
They received $1 million for the next fiscal year to provide academic and behavioral interventions for low-performing and chronically absent students. The Sanneh Foundation serves diverse youth in the Twin Cities metro area. SS Chapter 5, Article 2.

Sexual Abuse Prevention and Training
School districts may include sexual abuse prevention training in their health curriculum along with providing parents with information on sexual abuse, especially the warning signs. Districts are also encouraged to educate teachers, staff and school board members on how to respond to a student who discloses they may have been abused and the reporting requirements. SS Chapter 5, Article 2.

Shelter Care
Transportation is reimbursable for students living in a shelter care facility under the special education transportation formula. This includes children waiting for foster care since they are no longer included in the definition of homeless. SS Chapter 5, Article 1.

Teacher Licensure
The legislature revamped teacher certification and created four different levels of licensure for teaching in public or charter schools. The goal of these licensure changes is to address the problems identified by Office of Legislative Auditor and to alleviate teacher shortages. Instead of the Board of Teaching, it will be called The Professional Educator Licensing and Standards Board (PELSB).

The most significant change comes with the Tier 1, the lowest of the four license levels. In order to be eligible for a Tier 1 license, the individual must have an associate's degree, a professional certification, or five years of relevant work experience. A district may only hire a Tier 1 teacher if the candidate meets these professional requirements: the district or charter affirms that the candidate has the necessary skills to teach at the school, a background check has been completed, and the district or charter school has posted the position but was unable to hire an acceptable teacher with a Tier, 2, 3, or 4 license for the position. A position filled by a Tier 1 teacher is only licensed for one year and can be renewed a limited amount of time.

Tiers 2, 3, and 4 have gradual increases in requirements related to experience and additional coursework. Tier 2 teachers can only have their license for two years and renewed three times while it is a three-year license for Tier 3 and five-year license for Tier 4 and there are unlimited renewals for Tiers 3 and 4.

Most importantly, requirements for continuing education in suicide prevention, the early identification of mental illness in children and adolescents and behavioral interventions remain in place for all Tier 3 and 4 teaching licenses.

There is also a study of all available special education licenses to determine the options for cross categorical licenses for teachers of special education. The report is due to the legislature in December 2018. SS Chapter 5, Article 3.

Higher Education

Homeless Youth
There is $175,000 a year for this biennium to create an Emergency Assistance fund for college students who are homeless. The funding is for immediate student needs that could result in a student not completing the term or their program including, but not limited to, emergency

housing, food, and transportation. Emergency assistance does not impact the amount of state financial aid received. Chapter 89, Article 1.

Employment

IPS Employment

Funding was continued but not increased for Individual Placement and Supports (IPS). IPS employment services are an evidence-based practice that integrates employment services with mental health services. Chapter 94, Article 1.

Resources Inc.

Funding was continued for a project run by Resources Inc. that provides low-income individuals career education and job skills training that are fully integrated with chemical and mental health services. Chapter 94, Article 1.

Vocational Rehabilitation Services

Two new federal mandates are putting additional financial strain on Vocational Rehabilitation Services (VRS). The first mandate requires VRS to provide pre-employment transition services for youth with a disability. The second mandate requires counselors to meet one-on-one with individuals currently receiving subminimum wage to determine if they would like to pursue competitive and integrated employment.

Given these new federal mandates, VRS was facing a budget shortfall and would only be able to offer services to those currently enrolled in VRS programming. Funding was increased by $7 million dollars for the biennium. With this funding, VRS will be able to serve new people applying for services. Chapter 94, Article 1.

Health Care

Community Medical Response Emergency Medical Technician

The responsibilities of community medical response emergency medical technician services (CEMT) are expanded so that a CEMT can visit an individual after they have been discharged from a skilled nursing facility, in addition to a hospital. This visit includes verbal or visual reminders of discharge orders, recording and reporting of vital signs, making sure people have food and medication access, and identify home hazards. Chapter 53.

Dental Care

Under Medicaid the rates for dental care were increased for children by 23.8%. Many people have had difficulty finding a dentist that takes Medicaid. Rates are increased by 54% for dental care provided under MinnesotaCare and the critical access dental rate increase for providers who see a disproportionate share of clients on public health care programs was reduced from 34% to 20% under MinnesotaCare. SS Chapter 6, Article 4.

Eligibility Review

The Legislative Auditor will do a statistical sampling at least three times a year of people enrolled in Medicaid or MinnesotaCare to determine if they are eligible to receive benefits under these programs. The auditor will report their findings to the Department of Human Services and

recommend corrective actions. The auditor will report to the legislature on their findings, the department's response and any legislative changes that are needed.

The Department of Human Services will implement a process to terminate Medicaid for anyone who fails to submit requested verification of income, etc. within 95 days of approval for coverage, as required under federal law. DHS will work with the counties and put this into place by April 2018. SS Chapter 6, Article 4

Estate Claims under Medical Assistance
Clarifies the statute around estate recovery under Medical Assistance to reflect an agreement with the federal government. In 2016, the legislature limited estate claims only to those required under federal law – that is only allowing recovery on long-term care service people received at 55 years and older. Prior to this change, all services a person received at age 55 and over were subject to recovery. This year's legislation clarified the timing of that change so that any estates that are closed on or after July 1, 2016 will be subject to the new rules. Chapter 46.

Hospital Payments
Extends the authority of DHS to make adjustments to rate methodology to ensure that certain types of services that are important to Medical Assistance enrollees, including mental health, continue to receive payments at levels historically supported by the legislature. While there was no cost to continuing this, hospitals that provide more mental health care would have been very negatively impacted had this authority not been extended. Article 18, Section 2.

Managed Care Plans
The legislative auditor will review Medicaid managed care plans to determine if they are following state and federal laws and their Medicaid contracts. SS Chapter 6, Article 4.

Managed care must help enrollees choose a plan and understand enrollment and provide basic information such as the enrollee handbook, provider directory, etc. The Department of Human Services is to provide each enrollee with information about the basic features of receiving care through managed care, service area covered, the provider directory and formulary, cost sharing requirements, requirements for adequate access to services, covered services, etc.

The Department is to develop strategies to ensure quality particularly around network adequacy, outcomes, and timeliness of care. SS Chapter 6, Article 15.

Medical Assistance for Employed Persons with a Disability
A small change was made to this program to clarify that when someone doesn't pay their premium they won't be terminated from the program if they can show "good cause." Good cause means that they couldn't pay due to circumstance beyond their control or not reasonably foreseeable. In addition an Advance Practice Nurse can certify that someone has a disability for this program. SS Chapter 6, Article 4

MA Spenddown
In order to be eligible for Medical Assistance, many Minnesotans are required to "spenddown" their income by deducting medical expenses from their current income so that their income is below the poverty line. Before this session, people were required to spenddown their income to $792 dollars a month in order to receive Medical Assistance. This places a great deal of financial

pressure on these individuals and forces them to make tough choices between paying their bills and having health insurance. A 1% decrease in the spenddown will be effective July 1st 2017. SS Chapter 6.

Medical Necessity for Hospital Care under Medicaid
Updates the process for determining medical necessity for inpatient hospital care, including psychiatric care, under Medical Assistance to align with current practice. Requires the medical review agent to determine medical necessity based on a review of the person's medical condition and records, in conjunction with industry standard evidence-based criteria. SS Chapter 6, Article 4

MinnesotaCare
Clarifies that a child is someone under the age of 19. Changes the cost sharing by allowing the Department of Human Services to adjust co-payments, coinsurance and deductibles. SS Chapter 6, Article 4.

Nonemergency Medical Transportation
Nonemergency Medical Transportation providers will no longer have to prorate trips when more than one person is in the vehicle and they are going to or from the same destination. If a provider is placing a child-seat in the vehicle to transport a child, it's deemed a "driver assisted" ride. SS Chapter 6, Article 4

Telemedicine
Telemedicine is defined in statute as a communication between a licensed health care provider and a patient over real-time two-way interactive audio and visual communications. Telemedicine may be used to establish a patient-physician relationship and is held to the same standards of practice and conduct as in-person health care services. Chapter 58.

Under telemedicine a mental health practitioner working under the supervision of a mental health professional can now provide care through telemedicine. SS Chapter 6, Article 4.

Housing/Homelessness

Bridges Housing Program
The funding did not increase for this program, which is essentially a Section 8 housing subsidy program for people with mental illnesses who are homeless, at-risk of being homeless or in a more institutional setting and are wanting to move to the community. Chapter 94, Article 1.

Dorothy Day Center
$12 million was included in the bonding bill to complete phase 2 of the Dorothy Day Center, a facility operated by Catholic Charities to provide housing and other supports for people experiencing homelessness including employment counseling and connecting individuals with mental health treatment. Special Session Chapter 8, Article 1.

Group Residential Housing and Supplemental Aid
These two programs pay for housing costs when someone is living in residential treatment, foster care, etc. Supplemental Aid funding is increased to one-half the maximum amount for a Supplemental Security Income payment and eligibility is expanded to people who are in a setting

that receives GRH funding or if they are eligible for personal care assistance services. GRH will now be referred to as "housing support" to reflect that this benefit can be used by a person to secure their own housing.

Adults with mental illnesses in a crisis home and on Medicaid will automatically be eligible for housing supports (GRH) and can receive it will in the crisis home even if they are already receiving the support in the community. The amount will be the number of days the person was there times the rate.

An alternative financing method for emergency shelter beds is created based on plans submitted by counties.

The GRH supplementary rates benefit about 200 providers and range from $44 to $5000. The Department of Human Services is to review all the rates, develop a process to review and modify the rates. DHS will report to the legislature in December 2018. SS Chapter 6, Article 2.

Housing for Adults with Mental Illness
There is $2.15 million for the biennium to fund housing support options for people with a mental illness. SS Chapter 6, Article 18.

Housing Support Services
New services are being added to Medicaid to provide housing supports to people with disabilities (includes those determined disabled by the Social Security Administration and people with a mental illness or substance use disorder) who are homeless or at risk of being homeless or transitioning out of or at risk of going into an institutional setting. At risk of being homeless includes people who are being discharged from a correctional, medical, mental health or treatment center that do not have enough money to pay for housing and do not have a permanent place to live.

Funds can be used for a variety of services and supports including assistance with finding and applying for housing, covering one-time moving expenses, making sure a place is safe and ready to move-in, arranging for the move, and developing a housing support crisis plan. It also includes housing tenancy services such as early identification of behaviors that lead to eviction, education on rights and responsibilities, coaching to develop relationships with neighbors and property management, and training on how to be a good tenant. SS Chapter 6, Article 2

Funding is available to create and maintain a website to track real-time housing openings for people with disabilities and for a housing benefit website where people who need affordable housing and supports can understand the range of options and programs. SS Chapter 6, Article 18

Homeless Support Services
Funding of $750,000 for the biennium is for long-term homeless supports and $400,000 is for transitional housing programs. SS Chapter 6, Article 18.

Outreach
The Department of Human Services will award grants to agencies to conduct outreach to people who are homeless or residing in segregated settings in order to help them with their basic needs,

access community living resources and to build capacity to provide technical assistance to help people who are both low income and live with a disability. SS Chapter 6, Article 2

Public Housing Rehabilitation
There is $10 million in bonding dollars to rehabilitate public housing facilities across the state. Special Session Chapter 8, Article 1.

Human Services

Corporate Foster Care Beds
There has been a moratorium on developing new corporate foster care homes. There is an exception in the law – for example for people who are in state operated programs and no longer need that level of care – and now when approving the exceptions the Department of Human Services (DHS) will look at the number of beds in that community already, the person's annual assessment and the recommendation of the county. DHS will report to the legislature every year on capacity of long-term services and supports. Adults in foster care homes are supposed to have a choice of roommates if sharing a bedroom and unless it would harmful to the person or put them at risk, they are to be provided a lock to their bedroom. A list of rights for people in adult foster care was added to law such as the right to make phone calls, read mail or email, where they can complain, privacy during visits, be treated with courtesy and respect, etc. SS Chapter 6, Article 2

Home and Community-Based Services
Additional services were added to the list of services governed by the home and community-based services including individual home support services and employment exploration, support and development services. The incentive pool to develop integrated competitive employment was expanded to youth under age 25 upon graduating from school. The Department of Human Services is to conduct a study on consolidating all four waivers (developmental disabilities, CADI, brain injury, etc.) into one program.

The Department of Human Services with cooperation from other agencies and in consultation with stakeholders will conduct a study to identify ways to increase access to transportation services for people on waivers. The study will need to look at a number of items including what's available, identifying the barriers, and looking at what other states do. A report will be submitted to the legislature in January 2019.

Under waivered services people are to have access to three nutritious meals a day and snacks between meals. SS Chapter 6, Article 1

Individuals receiving a waiver have rights including the ability to lock the bathroom or bedroom door, choose visitors, decide when they arrive and leave, right to access property at any time including financial resources, and open access to food and water at any time. Chapter 90.

MNChoices
MNChoices is the system used to assess the need for long-term care and waivered services. Changes were made to define "person centered planning" so that the person is making meaningful choices about their life.

The Department of Human Services is also to look at how to modify MNChoices in order to reduce assessment times, create efficiencies, reduce the depth of reassessment, and evaluate payment methods. SS Chapter 6, Article 1

Minnesota Pathways to Prosperity Project
Funding is made available for this project which can go to counties to test an alternative financing model for people on publicly funded programs. The overall goal is to provide a more upstream prevention oriented comprehensive approach. The target population is people under the age of 26 with one child. SS Chapter 6, Article 7

One Person Homes
The Department of Human Services is to look at alternatives to the current one bed state operated group homes and report back to the legislature. SS Chapter 6, Article 7

Mental Health

Brief Diagnostic Assessment
To better address the needs of children exposed to trauma, people from culturally diverse communities, refugees, people who need a language interpreter and people referred to treatment in primary care, a brief diagnostic assessment will be allowed to be used in order to provide up to three psychotherapy visits – individual, family, or family psychoeducation. A brief diagnostic assessment includes a face-to-face interview and a written evaluation including the initial components of a regular diagnostic assessment. The mental health professional or clinical trainee can then make a provisional clinical hypothesis and begin to address the person's immediate needs or presenting problem. Psychological testing can be done before the completion of the diagnostic assessment. SS Chapter 6, Article 8.

Deaf and Hard of Hearing Services
The Division and each regional service center is to provide culturally affirmative mental health services to persons who are deaf, persons who are deafblind, and persons who are hard-of-hearing who use a visual language, tactile form of language or otherwise need these services. The Department of Human Services will report to the legislature on the potential costs and benefits of the division billing for the mental health services provided. SS Chapter 6, Article 1

Mental Health Provider Increase for Non-essential Community Providers
Mental health clinics and centers that are not designated as essential community providers can receive the same payment rate as essential community providers if they serve low-income and underserved people by using a sliding fee schedule based on income and if they do not turn people away due to financial limitations. SS Chapter 6, Article 8.

Mental Health Crisis Services
An additional $800,000 is available for this biennium only to expand crisis services including co-location of crisis services in urgent care clinics, developing psychiatric emergency rooms and for co-responder models. SS Chapter 6, Article 18.

Mental Health Grants
$226,000 is appropriated for mental health counseling to support farm families and business operators in rural communities. South Central College will serve as the fiscal agent. Chapter 88, Article 1.

Targeted Case Management
Targeted case management can be done by interactive video (ITV) under certain circumstances if the adult is in a hospital, nursing home, residential facility or a board and lodging establishment. It must be approved as part of the person's case plan taking into account their vulnerability and if they have friends or family members who see them frequently. It can only be used up to 50% of the required face-to-face contact and the person or their guardian can decide to not use ITV. SS Chapter 6, Article 4

Mental Health Workforce

Addiction Medicine
Funding for the Addiction Medicine Graduate Fellowship Program that was established in the 2016 session is continued an additional year. Funding is $210,000 Chapter 89, Article 1.

Certified Peer Specialists
Certified Peer Specialists are individuals with a lived experience with mental illness who meet certain criteria and have received specialized training to work in a mental health agency. Peer specialists no longer are required to have a high school diploma or equivalent. This will help attract and recruit people from more diverse communities and elders to do this important work. Chapter 79.

Clinical Training Expansion Grants
An additional $1.052 million for the next two biennia is allocated to expand clinical training sites for physician assistants, advanced practice nurses, dental therapy, pharmacists and mental health professionals. The funding can be used to establish or expand training sites, recruit and train students and faculty, connect students with appropriate clinical training sites or practicums, travel and lodging for students, and development of cultural competency training. This program operates out of the Department of Health. SS Chapter 6, Article 10.

Licensing for Doctors
Makes technical changes, including clarifying that a license can be pulled due to inability to practice medicine because of intoxication, a mental condition, diminished cognitive ability or loss of motor skills. Chapter 56.

Mental Health Practitioners
Adds clarification to the training and educational requirements for mental health practitioners. To become a mental health practitioner, the individual must hold a bachelor's degree in a field including but not limited to social work, psychology, sociology, community counseling, family social science, child development/child psychology, community mental health, addiction counseling, counseling/guidance, and special education.

Mental health practitioners working in a day treatment setting are exempt from the 2,000-hour prior supervised experience requirement if the day treatment provider delivers 40 hours of

training to the practitioner within six months of being hired and the practitioner receives weekly clinical supervision from a mental health professional until the practitioner meets the 2,000 hours of supervised experience. Chapter 79

Psychologists
The law governing psychologists was changed and updated to reflect language in the APA model-licensing act and to address some issues in Minnesota. There is an exemption so that individuals pursuing teaching and research in academic settings are not required to be licensed unless they are providing direct clinical services. At the same time, individuals working in academic settings may still use hours worked in teaching and research towards licensure, with appropriate supervision. Supervision can be done by ITV for postdoctoral employment supervision. Postdoctoral psychological employment may now occur over 12-60 months. "Psychology Fellow" is a term that individuals may utilize to describe their position when completing postdoctoral psychological employment. SS Chapter 6, Article 11

Substance Use Disorders

Chemical Dependency Provider Rate Increase
Current chemical dependency providers will receive a 1% increase for a cost of $2.427 million for the first biennium and $2.963 the second biennium. SS Chapter 6, Article 8.

Opioid Use and Acupuncture
The Department of Human Services will study the use of opiates to treat pain when acupuncture is also part of the treatment plan for people on Medicaid who suffer from chronic pain. SS Chapter 6, Article 4

Opioid Abuse
Over $2 million is available for this biennium for two different grant programs aimed at opioid abuse prevention. SS Chapter 6, Article 10. Additionally there are restrictions on the quantity that can be prescribed and a chronic pain rehabilitation therapy demonstration project is funded as well. There is also a grant program to assist providers in purchasing the first dose of a nonnarcotic injectable or implantable medication to treat substance use disorders. SS Chapter 6, Article 12.

Reducing Fetal Alcohol Syndrome Disorders
The Minnesota Organization on Fetal Alcohol Syndrome will receive a grant of $500,000 to work with local governments and community organizations to reduce the incidence of fetal alcohol syndrome disorders and other prenatal drug-related effects in children. SS Chapter 6, Article 18.

Substance Use Disorder System Redesign
The system was redesigned with no budget increase for the coming biennium and then an increase of $6.3 million the second biennium. The redesign was to recognize that Minnesota's current substance use disorder treatment system does a poor job of providing the appropriate care at the appropriate time, often forcing individuals into specific levels of care with no support before or after treatment. A fuller continuum of care will provide better service at lower costs and will prevent multiple readmissions to residential treatment.

Additionally, some of the language that was in rule is now in statute. It's being called substance use disorder rather than chemical dependency and a new term has been added – substance misuse. New covered services are added including peer recovery support services, withdrawal management and care coordination. The current practice of needing county approval for an assessment and placement has been removed. Individuals can now be assessed by a qualified individual provider and placed for treatment based on that assessment. A licensed program must have access to a mental health professional to help with a diagnostic assessment and treatment plan. A separate section is devoted to opioid treatment programs.

The Department of Human Services is to contract with an outside expert to identify recommendations on how to develop a substance use disorder residential treatment model and payment structure that is not impacted by the federal IMD restrictions (no Medicaid payment for a facility over 16 beds). SS Chapter 6, Article 8.

Other

Ombudsman for Mental Health and Developmental Disabilities

The Ombudsman will be able to take photos of videos as evidence, with the client's consent. The definition of serious injury was changed to include potential closed head injuries and suicide attempts along with any injuries or incidents where a person was seen by a health care professional (used to be by a physician) for a self-injurious behavior, medication error requiring medical treatment, suspected delay of medical treatment or a complication from a previous injury or medical treatment. All licensed programs have to report serious injuries to the Ombudsman. SS Chapter 6, Article 8.

The office received an additional $100,000 a year for this biennium to monitor the University Department of Psychiatry research studies involving people with mental illnesses. SS Chapter 6, Article 18.

Understanding key terms:

Biennium: Refers to the two-year budget cycle of state government
SS Chapter: Refers to laws passed in the Special Session

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