NAMI Minnesota
2012 Minnesota Legislative Session
Summary of New Laws Affecting
Children and Adults with Mental Illnesses and Their Families

Adult Mental Health

Corporate Adult Foster Care

Corporate adult foster care homes, commonly known as group homes, will have an opportunity to obtain a voluntary certificate related to their ability to serve adults with mental illnesses. If they meet the requirements, it will be noted on their license and thus potential residents, their families, counties, hospitals and others will have some assurance that the home will be able to meet the needs of people with mental illnesses.

To meet the certification requirements the home will have to show that staff in the home have at least seven hours of training on mental health diagnoses, mental health crisis response and de-escalation techniques, recovery, treatment options including evidence-based practices, medications and their side effects, co-occurring substance abuse and health conditions, and community resources. In addition, staff must have access to a mental health professional or practitioner for consultation and assistance and each home must have a plan and protocol in place to address a mental health crisis. Each resident's placement agreement must identify who is providing clinical services and their contact information and each resident must have a crisis prevention and management plan.

Homes that meet the certification will not have to close their beds when someone moves out, and for the next year beds in homes won't close when the license holder is a mental health center or clinic, or provides ACT, ARMHS, IRTS. This was a major focus for NAMI this year to improve the quality of these homes and to ensure that homes that are qualified to meet the needs of people with mental illnesses are not closed as would have been the case due to a law that was passed last year in an effort to reduce the overall bed capacity in the state. Chapter 247

The legislature also tried to address the problem created last session, where in order to reduce the number of beds in the state, a bed was to close when someone moved out. This was going to start happening in June and this methodology didn't make sense since it wasn't based on need, etc. Now, the state will conduct a resource need determination process to determine how to reduce the capacity and will seek proposals from providers to change the service type, capacity, etc. to better meet the needs identified in the long term report which is described later in this summary. There will be a very detailed process to review and approve a proposal to close beds by a provider. The state will need to close 128 beds by June 30, 2014 and it will begin the process starting on July 1, 2013. Chapter 247

Harriet Tubman Center

$2 million in bonding money was appropriated to the city of Maplewood to design, renovate, and equip Harriet Tubman Center East, which will be used as a regional safety service center for a domestic violence shelter, legal services, youth programs, mental and chemical health services, and community education. Chapter 293

People, Inc.
$65,000 is appropriated to People, Inc for their program serving people with co-occurring Epilepsy and mental illnesses. Chapter 247

St. Peter Security Hospital
$3.683 million in bonding money was appropriated for predesign and design of the first phase of a two-phase project to remodel existing facilities and develop new residential programs on the upper campus of the Minnesota Security Hospital in St Peter. Chapter 293

Children's Mental Health

Adoption and Foster Care
The adoption assistance law was rewritten and a new chapter, 259A, was created. Many of the changes were technical in nature or made to conform to federal law. In addition, changes were made to the laws governing how children are adopted when they are under the guardianship of the Commissioner of Human Services. The new law clarifies who can stay in foster care after they turn 18, the agency's continues responsibility and required procedures for court review. When independent living plans are developed for youth they must include a consumer credit report. Children are to remain in the same school when they are placed in foster care or are moved to another home. Chapter 216

Care Coordination
The Department of Human Services is to develop a care coordination service for children with high-cost medical or psychiatric conditions who are at risk of recurrent hospitalizations or emergency room use. In 2009 the Acute Care Needs Report found that just 10% of the children with mental illnesses under the Medical Assistance program used nearly 50% of the inpatient bed days. This will hopefully add more care coordination services to children and the department is to look at the existing health care home certification and payment structures. Chapter 247

Day Treatment
Children's day treatment providers no longer have to have a contract with the county under the Medical Assistance program. Chapter 247

Independent Living Assistance Program
The independent living assistance program serves youth ages 16 to 21 that are in out-of home placements, leaving one, are homeless or at risk of being homeless. There are several restrictions about who cannot be served, including youth who have current drug or alcohol problems or untreated mental illnesses, youth who are not employed or enrolled in school but now the commissioner of human services can grant a variance to these restrictions. Chapter 216

Out-of-State Residential Treatment for Children who are Deaf, Deafblind or Hard-of-Hearing
Medical Assistance will now cover residential mental health treatment provided outside of Minnesota if the facility specializes in providing services to children who are deaf, deafblind, or hard-of-hearing and use American Sign Language as their first language. The facility must be licensed and its home state must belong to the Interstate Compact on Mental Health. Chapter 148

Residential Treatment
Residential treatment providers can currently serve youth ages 18 to 21. They must now, however, assess each person over the age of 18 in terms of their risk of victimizing other residents and implement any necessary measures to minimize these risks. Chapter 216

TEFRA
The TEFRA fees, which were increased last year, have been extended until June 30, 2015. Chapter 247

Washburn Center for Children
$5 million in bonding money was appropriated to Hennepin County to design, construct, furnish, and equip a new building for Washburn Center for Children that will be used to provide mental health services for children. Chapter 293

Chemical Dependency

Alcohol and Drug Counselor Licensing
The law governing the licensing requirements for alcohol and drug counselors was rewritten. There continues to be an exception for those persons providing Integrated Dual Diagnosis Treatment in an Intensive Rehabilitative Treatment Service (IRTS or ACT) or in Adult Rehabilitative Mental Health Services (ARMHS). Chapter 197

Integrated Model
The Department of Human Services, in partnership with counties, tribes and stakeholders, will develop a community-based integrated model of care to improve the effectiveness and efficiency of the service continuum. They must report back to the legislature no later than March 15, 2013. Chapter 247

Rule 25 Assessments
A Rule 25 assessment does not have to be completed for a person who is being committed for their chemical dependency in order to access funding under the consolidated treatment fund. Chapter 247

Criminal Justice

Explosives Permits and Civil Commitment
Law enforcement officials may find out if someone has been civilly committed when performing background checks on individuals who apply for a permit or license to own, sell or buy explosives. Chapter 266

Jacob's Law
Both parents (when divorced) now have the right to be notified and receive a police report when a minor child is the victim of a crime, regardless of custody orders, unless one parent is the alleged perpetrator. The name of the investigating officer must also become available to both parents. Law enforcement agencies must immediately notify social services if a child is neglected or abused outside of the home. Chapter 153

Neglect of Vulnerable Adults
Caregivers can now be charged with a felony if they intentionally deprive a vulnerable adult of necessary food, clothing, shelter or health care when they are able to provide these services and

when they know that deprivation of these services could likely result in substantial bodily harm or will result in great bodily harm. Chapter 175

Public Defender Representation
Courts must now inquire into the ability of parents, guardians or custodians to pay for legal council in juvenile delinquency and child protection proceedings. Courts must also examine financial statements from each defendant, tightening eligibility for public defenders. Chapter 212

Restraining Children
A parent or caregiver who restrains or confines a child in a way that produces bodily harm may receive a longer sentence and higher fine. Chapter 175

Early Childhood, Education and Special Education

Child Care
Child care funds can continue to be paid for children in families who exceed the ten day absent limits when the parent is under age 21, doesn't have a high school degree or GED, is a student in a school district or similar program that provides or arranges child care, parenting support, social services, career and employment support and academic support to help the parent graduate. Chapter 247

Children Experiencing Homelessness
Children who are homeless can keep attending the same school even if their family moves to another district. School districts are responsible for transporting children even if they can't verify where the child lives. Chapter 239

The Minnesota Visible Child Work Group is established to identify and recommend issues that should be addressed to improve the well-being of children who are homeless or have experienced homelessness. Members include representatives from the legislature, family shelter or housing providers, housing and child advocates, business and philanthropic community and children's cabinet. In looking at well-being they will identify evidence-based interventions and best practices, how to measure outcomes, and how to increase collaboration between systems, and will recommend funding, etc. The workgroup will be organized by a nonprofit child advocacy organization and an organization that provides housing to families. Chapter 247

Early Intervention
A child under the age three where maltreatment has been confirmed will be referred for screening under Minnesota's early intervention program (called Part C under IDEA). Parents will be told that the evaluation and accepting services are voluntary. The Department of Human Services will monitor the referral rates by county and report yearly to the legislature. If a parent refuses, it can't be used against them under the child protection laws. Knowing that children who experience adverse childhood experiences, such as abuse and neglect, are at risk of developing a mental illness, this provision could help ensure that early intervention services are provided to the child. Chapter 247

Health Insurance for College Students
Public colleges and universities must grant a waiver to their requirement that a student purchase the school's health insurance plan if the student requests the waiver and has health insurance

through another source. Schools must inform students that they have the right to request this waiver. Chapter 270

Online Learning
Online learning is defined as learning facilitated by technology that offers students some control over the time, place, path or pace of their learning and includes learning part-time in a physically supervised setting. Online learning providers will now have to be approved by the Department of Education every three years. The department will also be able to take complaints about an online learning provider. By June 30, 2013 the department will put together a list of publicly available online learning content that aligns with current Minnesota academic standards. Many families look to online learning when it is too difficult for their child to attend school. Chapter 273

School Counselors and Transition
School districts are encouraged to assist all students, no later than grade 9, with exploring career options and developing a plan to transition to postsecondary education or employment. A school district is strongly encouraged to have an adequate student-to-counselor ratio for its students beginning in the 2015-2016 school year. Chapter 207

Seclusion and Restraints
At the very end of last year's session, the legislature allowed schools to continue to use prone restraints for one year and required them to report on their use to the Minnesota Department of Education. The department was to provide the legislature with a report in February of this year. The report found that prone restraints were used and that it tended to be in schools that served high needs students. As a reminder, a bill governing the use of seclusion and restraints was passed in 2009 and went into effect on August 1, 2011.

After quite a bit of discussion, a compromise was reached. School districts will be allowed to use prone restraints with children ages five and older for one more year. Prone restraints are now defined in the law as placing a child in a face down position. The law expands the definition of "physical holding" to specify that it must be "used to effectively gain control of a child in order to protect the child or other person from injury," and it adds stricter provisions that prohibit schools from using physical holding that restricts or impairs a child's ability to communicate distress; places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen; or results in straddling a child's torso. School districts must continue to report the use of prone restraints on a form provided by the Department of Education and the department will publish the data on a quarterly basis. Districts will now be required to submit by July 1, 2012 summary data on the use of all restrictive procedures, including the number of incidents, total number of students on which the procedures were used, the number of resulting injuries, and relevant demographic data.

The Department of Education, in collaboration with stakeholders, must develop a statewide plan by February 1, 2013 to reduce school districts' use of restrictive procedures and report to the legislature on measurable goals for doing so, along with what resources, training, technical assistance, mental health services and collaborative efforts are needed to significantly reduce school districts' use of prone restraints. NAMI understands that this is a complex issue and we need to make sure that the resources that are needed to support children are identified along with increasing the efforts to reduce the use of all restrictive procedures. Chapter 146

Health Care

Automated Drug Distribution

Licensed physicians in health facilities located in designated "health professional shortage areas" may dispense drugs to individuals when pharmaceutical care is not reasonably available. A licensed pharmacist may also distribute medications as long as they are distributed in "limited services pharmacies" and a physician is supervising and available in person, electronically or over the phone. Pharmacies are also authorized to use automated drug distribution systems to fill prescriptions for patients of health care facilities under the supervision of a licensed pharmacist. Automated drug distribution systems relate to the storage, packaging, or dispensing of drugs and collect, control, and maintain all required transaction information and records. Chapter 166

CADI Waiver

People can now use the CADI waiver (Community Alternatives for Disabled Individuals) in a variety of settings including their own home, licensed foster setting of up to five people, and community living settings (where people with disabilities can be in all the unites in a building of four or fewer units or no more than greater of four or 25% of the units in a multi-family building). It can't be used in an institution, on the grounds of an institution, a housing complex designed specifically around a diagnosis or disability, be segregated or have the quality of an institution.

The 10% rate cut to providers serving people who are "low needs" would be changed to 5% if the changes to the nursing facility level of care are approved by the federal government and if they authorize federal participation for the alternative care program.

Under both the CADI and brain injury waivers, providers will be able to bill for the daily rate and 15 minute increments. Chapter 247

Community Paramedics

Medical Assistance will now cover community paramedic services. Community paramedic services include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures approved by the ambulance medical director. It is limited to people who have been to the hospital emergency room three times a month for four consecutive months in a year or if a primary health care provider believes the services would likely prevent a person from being admitted or readmitted to the hospital or a nursing home or would allow discharge from a nursing home. The services cannot duplicate services received under another program, including home health or waiver services and payment must be a part of a care plan coordinated between a primary physician, the medical director of an ambulance service and an eligible provider enrolled in medical assistance that employs or contracts with the community paramedic. Chapter 169

Cost-Sharing

The Department of Human Services in consultation with stakeholders (health plans, etc.) is to develop recommendations to implement a revised cost-sharing structure for Minnesota's health care programs that meets the requirements of federal law and that is meaningful. Cost sharing includes deductibles and co-payments. Many studies show that cost-sharing for people with low incomes become a barrier to accessing care. Chapter 247

Emergency Medical Assistance
Emergency Medical Assistance is primarily for people who don't qualify for other Minnesota health care plans because they are not citizens but are here legally. During last year's session this program was cut drastically. This session, some changes were made to allow for coverage for dialysis services and chemotherapy and radiation services. In addition the legislature is requiring the department to develop recommendations on who provide coordinated and cost effective health care coverage. Chapter 247

Eyeglasses
The $3 co-payment for eyeglasses under the Medical Assistance program was eliminated. Chapter 216

Family Deductibles
Last session the legislature created a family deductible under Medical Assistance up to the amount allowed under federal law, which was just a few dollars a month. Implementing this became a nightmare for many of the health plans and providers, costing more to implement than imagined. This year the legislature reversed that decision and will now allow managed care plans and county-based purchasing plans to waive the family deductible. The commissioner of human services can also waive the collection of the family deductible for long-term care and waivered services providers. Chapter 247

Financial Audits
The legislative auditor is to contract with a firm to conduct a biennial third party financial audit of the information required to be submitted by managed care plans and county-based purchasing plans. In addition there will be a quality assurance program developed. Chapter 247

Health Plan Reporting
Health plans will no longer have to provide certain information regarding claim denials related to chemical dependency treatment. The plans won't have to provide information on the number of evaluations performed by their reviewers, the types of evaluations performed, the results, the number of appeals of denials based on these evaluations, the results of these appeals and the number of complaints filed in a court. HMOs and county-based purchasing plans also will not have to provide a summary of complaints and grievances. Utilization review organizations won't have to file an annual report to the Department of Commerce that provides information on the number of denials and the number and rate overturned on appeal. The repeal of these reports was recommended in the report entitled "Regulatory simplification and reduction of provider reporting and data submission requirements**"** which is on the Minnesota Management and Budget website.

The report stated that the annual summary of complaints has categories that are so broad that the data is not meaningful. The Health Department and Human Services Department already investigate complaints so the task force recommended that this report be eliminated. The report also found that the CD claim denials were not useful and that there were no standards by which to measure or interpret the numbers. Apparently the information from the utilization review organization is never requested and is not used as well.

The Commissioners of Health, Commerce and Human Services have to merge their various reporting requirements related to network adequacy so that health maintenance organizations and county-based purchasing plans don't have to submit multiple reports.

The Health Department, in consultation with Commerce, will provide recommendations to the legislature next session on how to maximize administrative efficiency in regulating HMOs, county-based purchasing, insurance carriers, etc, while maintaining quality health outcomes and regulatory and price stability. Chapter 247

Healthy Minnesota Contribution Plan
This new program passed last year, is for people on MinnesotaCare who are at or above 200% of the federal poverty guidelines. They receive a subsidy to purchase health insurance. A small change was made this year so that if someone is on this program and is denied coverage due to a pre-existing condition, they can purchase a plan through the Minnesota Comprehensive Health Association (Minnesota's high risk pool) and will not have to abide by the requirement that you have to have lived in Minnesota for six months. Chapter 247.

In-Reach Services
A new service was authorized last session under Medical Assistance for people who are frequent users of emergency rooms called "in-reach". A small change was made to this service, clarifying that that in-reach should include connecting people with services currently available to them such as targeted case management, waiver management, or care coordination in a health care home. This removes the prohibition on people receiving in-reach and care coordination in a health care home at the same time. Chapter 216

MA-EPD
Medical Assistance for Employed Persons with Disabilities, which allows people to pay a premium for MA instead of doing a spend-down, will now be able to be used by people age 65 and older. The person must have been on the program for at least 20 of the 24 months before they turned age 65. Chapter 247

Managed Care
The Department of Human Services will contract with an independent vendor to evaluate the value of managed care programs for state health care programs. They are to look at recipients' satisfaction, ability to measure and improve health outcomes, access to health services, availability of additional services (care coordination, etc.), actual and potential cost savings, and ability to use different provider payment models to provide incentives for cost-effective care. Chapter 247

Nonemergency Transportation Services
There will continue to be a Nonemergency Transportation Advisory Committee. NAMI Minnesota had a representative on last year's task force and the changes proposed reflect the work of that task force. Transportation is provided under Medical Assistance so that people can get to their appointments and the pharmacy. There has been much discussion about how to reduce those costs, including limiting eligibility and requiring more people to take public transportation.

The committee is to be made up of county representatives, consumer representatives (including people with mental illnesses), providers and legislators. They are to look at developing policies, funding, preventing waste and fraud, and other issues. There will now be a single administrative structure and delivery system beginning July 1, 2013, eliminating the distinction between access transportation services and special transportation services and making it easier for users to obtain

the type of transportation they need – which could change over time. Draft legislation to carry this change out is required to be developed for the next session. There will also be performance measures established for this service.

The Committee will also look at developing a comprehensive, statewide, standard assessment process by July 1, 2013. It will look at a person's needs, abilities and resources and must specifically address a person's mental health diagnosis. NAMI advocated for including this provision. We know that while many people might be able to take, for example, a bus, they may have difficulty if there are multiple transfers required, are unable to stand out in 90 degree temperatures for long periods of time due to their medications, etc. Others may have a car, but cannot drive long distances or on freeways.

The Department of Human Services will issue a request for information from vendors for possible solutions for the management of these services by November 1, 2012. They are to look at whether it should be a regional or statewide structure, how to provide oversight, the process for assessing an individual's needs, methods to promote the appropriate use of public transportation, and an electronic system that will help providers manage services to their clients. This information is to be reported back to the legislature next session. Chapter 247

Nursing Facility Level of Care
Nursing Facility Level of Care (NFLOC) changes have been submitted to the federal government for approval. NAMI strongly opposed these changes because we believe that many people with mental illnesses will no longer be eligible for the CADI waiver. The legislature did appropriate $999,000 for what they are calling "Essential Community Support Grants" that will be made available to people who lose their CADI services. Chapter 247

PCA Services
The 20% rate cut to relatives who provide personal care assistance (PCA) services is delayed until July 2013. This impacts around 6500 people. Chapter 247

A technical change was made to the PCA law by amending the definition of mental health professional to exclude people in allied fields. This change was also made to the regular MA law. A long-term assessment can be used instead of a PCA assessment. Chapter 216

Provider Rates
Last session the legislature said that if the state did not receive approval for the changes to the nursing facility level of care from the federal government, and thus not able to save money with those changes, then provider rates would be cut by 1.67% beginning July 1, 2012. This would impact any provider of waiver services, home nursing, PCA, home health private duty nursing, and day treatment and habilitation. This reduction would now be delayed until July 1, 2013 and could be prorated depending upon what is approved. Chapter 247

Study of Health Benefit Mandates
The Department of Commerce will issue a request for information to see how much it would cost to conduct a study evaluating all of Minnesota's mandated health benefits. If the study is eventually conducted it would include an evaluation of any mandates currently in place, including mandates requiring coverage for mental health treatment. Chapter 292

Waivers
The Department of Human Services will request that the federal government approve extending the timeline for adult foster care providers to have up to five (instead of four) beds.

New standards are now in place for all waivered services, including the CADI waiver. Waiver providers will essentially have to have a license starting in 2014. NAMI worked very had to make sure that the new standards reflect the needs of people with mental illnesses. Medical Emergency is defined and includes changes to a person's mental health status and calling a mobile crisis team. There is an up-to-date definition of psychotropic medications and definitions for medication assistance and medication management. There is a list of recipient rights, including the right to be free from restraint or seclusion other than to protect the person from imminent danger to themselves or others and the right to associate with others, have access to a phone and send mail or email without interference. There are standards for providing health care services, record requirements, environment and safety, incident response and reporting, and recipient grievances.

The "individual service plan" will now be called a "coordinated service and support plan" and must be developed and signed within 10 working days after the case manager receives the assessment. It must also lay out all the choices for services and supports. It will include the annual and monthly amounts for services. The administrative and service functions of case management will be separated out. Case managers must have at least a yearly face-to-face visit with the client.

There are standards related to medication including notifying the case manager or legal representative when someone refuses or fails to take medication as prescribed and requires only a licensed health professional to administer psychotropic medications by injection. There are some training requirements for staff including topics related to the needs of the population served and areas identified in a recipient's service plan. Counties will be the lead investigative agency for any reports of maltreatment for these services starting in 2014. Chapter 216

Housing

Affordable & Supportive Housing
$30 million in housing bonds have been appropriated, which can be used to build and remodel affordable housing, buy and rehab foreclosed homes, and to fund supportive housing for people who are homeless. An additional $5 million has been appropriated to rehab current public housing units. Chapter 293

Hearth Connection
$200,000 was appropriated for the Hearth Connection program. Chapter 247

Housing and Supports for Children with Autism
The Department of Human Services, in consultation with education, health, and employment and economic development, will study one or more models of housing with supports that involves coordination with other systems. It must include research on recent efforts undertaken or under consideration in other states, including a campus model. Chapter 247

Group Residential Housing
Group Residential Housing (GRH) providers who are licensed as room and board lodging with special services, must, if they want to negotiate a supplementary rate with the county, make referrals to available community services for volunteer and employment opportunities for their residents. Chapter 247

MSA Shelter Needy Funds
Minnesota Supplemental Aid Shelter Needy funds can now be used in different settings, where no more than 25% of the building is used for recipients. If the building is controlled by the provider then the lease must be transitioned to the individual within two years. Chapter 247

Human Services

Asset Limits
The Department of Human Services, in consultation with the counties, will analyze the different asset limits in all the public programs (GRH, GA, MFIP, etc.) and recommend a uniform asset limit. Chapter 247

Case Management Redesign
In yet another attempt to improve case management, the Department of Human Services must submit a report to the legislature next session with definitions of service coordination, how to consolidate standards and rates, an evaluation of county and tribal functions, processes and reimbursement methodologies for the waiver, and how to provide oversight. Chapter 216

Copies of Health Care Records
Providers can only charge a $10 flat fee instead of $1 per page to people who need copies of their medical records when appealing a Social Security decision regarding disability benefits. Chapter 247

Deaths in Licensed Programs
Programs licensed by the Department of Human Services must have a policy regarding reporting the death of someone they serve and they must notify the department within 24 hours. Chapter 216

Foster Homes for People with Autism
The Department of Human Services will work with one or more counties to identify providers who have the training and skills to meet the needs of people with autism and will work with them in getting around the current moratorium on new foster care development. Chapter 247

Guardianship
The rule that requires guardians to submit quarterly reports for public wards was eliminated. Chapter 216

Long Term Care, Waivers
The Department of Health and the Department of Human Services, in consultation with stakeholders such as counties, and advocacy organizations including mental health, will submit a report to the legislature by August 15, 2013 on the need for long term care and supports for the elderly and for children and adults with disabilities and mental illnesses. It will contain

information on the demographics, gaps, and access problems along with recommendations for changes. Chapter 247

The Department of Human Services will report every biennium on the goals and priorities for people with disabilities, and how the waivers, home care services and other programs are supporting the goals and priorities.

Long term care assessments were changed to include information about employment, home care, case management and diagnoses. The team must include public health nurses Chapter 216

MFIP, Food Support & GA Changes

MFIP, Minnesota's welfare program, and General Assistance (GA), were changed slightly. The state court administrator now has to provide a report to the Department of Human Services (DHS) of people who have been convicted of a felony. If they are receiving assistance, then the county will determine if they are eligible for benefits. Currently, people cannot receive benefits for five years after a drug conviction unless they are or have been in treatment or the county doesn't believe that they need to be in one. Under MFIP, people who have had a drug conviction during the previous ten years (instead of since July 1, 1997) will have their benefits paid in vendor form, meaning the landlord and utilities company will receive the money directly instead of the money going directly to the individual. DHS will have to report back to the legislature on the number of people who were impacted by the new changes.

The Department of Public Safety has to share with DHS any driver's licenses or state IDs that have been cancelled or is someone has multiple IDs so that DHS can determine if someone currently on assistance is no longer eligible. Police officers have to report when they arrest someone and find that they have more than one EBT card.

The financial transaction cards (EBT) can not be used in a liquor store, tobacco store of tattoo parlor. If someone uses their card at a prohibited place they can lose their benefits. This applies to MFIP, GA and Minnesota Supplemental Aid. In addition, EBT cards can only be used in Minnesota and neighboring states (except the food portion can be used in all states) beginning in March 2013. All funds, food and cash benefits will be on the same card. Chapter 247

Family Stabilization Services

Family stabilization services are services under the MFIP program (welfare) for people who are at risk of being on MFIP a long time due to barriers such as having a physical disability, mental illness or providing care to a household member who has a disability. Now the program will be available to people who are not making significant progress with regular employment. Some other minor changes were also made to provide more flexibility with the county. Chapter 253 & Chapter 247

Health Licensing Boards

The Board of Social Work, the Board of Psychology, the Board of Behavioral Health and Therapy and the Board of Marriage and Family Therapy are continued until 2018 and the legislature cannot use the fees collected by the boards for other purposes.

In addition, all of the boards must now follow a consistent set of guidelines when a complaint is filed:

- The person filing the complaint must be told the complaint has been received within 14 days and be given a description of the complaint process.
- The person filing the complaint must be updated about the progress of the complaint at least every 120 days.
- The licensee who the complaint is against must be informed about the complaint within 60 days and given information about the substance of the complaint, what laws or professional rules they are accused of violating and whether an investigation is being conducted (unless this would compromise the investigation).
- The complaint must be resolved or dismissed within one year unless further investigation is required.

The commissioner of health and the boards will study and make recommendations for establishing uniform criminal history background check requirements for new and renewing licensees. The boards must also post on their websites any disciplinary or corrective action taken against a license holder by a licensing entity in any state as well as any felony or gross misdemeanor conviction occurring or any malpractice judgment occurring on or after July, 1 2013 (applies to new and renewing license holders after July, 1 2013). Chapter 278

Regulations

The Department of Health and the Department of Human Services will have to update and revise – and connect – their websites so that people can easily find out information including regulations on licensed programs, including nursing homes and board and care homes. Management and Budget will work with the two departments to develop recommendations on administering the regulations for both departments to improve the state's regulatory functioning. This includes looking at the multiple roles the state plays as provider, funder and regulator.

The Department of Health will report back on recommendations to increase the inspection and oversight of licensed home care providers. The Department of Human Services will study the feasibility of licensing person care attendant services. Chapter 247

Mental Health

Autism Study

$200,000 was appropriated to the Department of Health to partner with the University of Minnesota to conduct a qualitative study focused on the cultural and resource-based aspects of autism spectrum disorders that are unique to the Somali community. The report is due back to the legislature in February 2014. Chapter 247

Autism Treatment

The Health Services Advisory Council is directed to review current literature regarding the efficacy of various treatments for autism spectrum disorders, including an evaluation of age-based variation in appropriateness of existing medical and behavioral interventions. They will then develop authorization criteria for these services. Their recommendations are due on December 31, 2012. The Health Services Advisory Council has 13 members, who are physicians, other health care providers, and a consumer representative and they provide leadership designing health care benefit and coverage policies for Minnesota's public health care

programs. A particular focus of HSAC is evidence-based coverage policy, in which decisions regarding health care services paid for by public programs are made using the best available research on their effectiveness. Current members represent Children's Hospital, Park Nicollet, major health plans, and United and HCMC hospitals. Chapter 247

Diagnostic Codes
The Department of Human Services has to develop a list of diagnostic codes to use to define mental illnesses for children and adults in our mental health system. It's complicated because there are codes called "ICD" (International Classification of Diseases), and then there is the DSM (Diagnostic Statistical Manual of Mental Disorders) and we've been using the ICD 9 and the ICD 10 has to be used after October 1, 2013 and the DSM is being updated as well. Providers need this list for billing. So, essentially the department is bringing people together to figure out which one or the other or a combination of both should be used. Chapter 216

Licensed Professional Counselors
Additional time is granted (until August 1, 2014) for people converting from a licensed professional counselor to a professional clinical counselor. They will have different requirements in terms of coursework and hours of supervision. Chapter 197

Physician Assistants
Physician assistants who are supervised by a psychiatrist will be able to bill for medication management and evaluation and management under the Medical Assistance program. This will only be allowed in inpatient hospital settings and they cannot bill for psychotherapy, diagnostic assessments, or providing clinical supervision. Their rate will be at 80.4 percent of the base rate of psychiatrists.

The Department of Human Services will pull together stakeholders to develop recommendations on how to improve access to and the quality of outpatient mental health services for people on Medical Assistance by using physician assistants. The report is due by January 15, 2013. Chapter 247

Postpartum Depression
Information about postpartum depression, including symptoms, potential impact on families and treatment resources, will now be made available at WIC program sites. Chapter 247

Social Work Licensure
People who are hired by a city, state or nonprofit agency and who use the title "Social Worker" or who engage in the practice of social work must be licensed as social workers beginning in July 2016.. There is a provision for grandparenting people who are currently employed by one of the three which includes obtaining certain degrees, having a certain number of hours of supervision, conducting a background check, etc. County social workers are excluded from this requirement.

There is a provision to make it easier to obtain supervision in rural area where there are five or fewer people in a county who can provide supervision. Chapter 197

State Advisory Council on Mental Health
Two new professions were added to the council membership – marriage and family therapists and professional clinical counseling. In order to make sure that individuals who live with a mental illness and family members comprise a majority on the council, the current number of members (30) was eliminated, allowing more members to be appointed if needed to achieve a balance. Chapter 247

Willmar CBHH
The Willmar Community Behavioral Health Hospital, now called Minnesota Specialty Health Services – Willmar, will not close until June 30, 2013 and the legislature provided an additional $549,000 in fiscal year 2012 and $2.7 million in 2013. Chapter 247

Veterans

Employment Preference
Private employers may give hiring preference and promotion to the spouses of veterans who have a disability or who are deceased veterans without violating state equal employment opportunity laws. Chapter 186

Outreach
$200,000 is appropriated to County Veteran Services Officers to provide outreach services to veterans, providing them information on available benefits, especially those related to PTSD. Chapter 292

Other

Advisory Councils
The Alcohol and Other Drug Abuse Citizens Advisory Council, the American Indian Advisory Council, the American Indian Child Welfare Advisory Council and the Brain Injury Advisory Council, are extended until 2014 or when the Sunset Commission reviews them, whichever is later. Chapter 271. The Maternal and Child Health Advisory Task Force was reinstated as well. Chapter 247

Council on Disabilities
The Minnesota State Council on Disabilities is continued until 2018. Chapter 278

Voter ID Constitutional Amendment
A question will appear on the 2012 general election ballot asking if Minnesota's constitution should be amended to require people to have government-issued photo identification in order to vote. Among other things, this would eliminate the ability for staff at residential facilities to vouch for people in their care so they can register and vote. If approved, the amendment would take effect on July 1, 2013. Chapter 167