NAMI Minnesota
2013 Minnesota Legislative Session
Summary of New Laws Affecting
Children and Adults with Mental Illnesses and Their Families

Adult Mental Health

Adult Rehabilitative Mental Health Services (ARMHS)

The Department of Human Services can restructure both the rates and what is covered under ARMHS in 2015. ARMHS providers were going out of business due to the low rates. In order to pay for this in 2015, $1.81 million will be taken from the adult mental health grants. In addition, parenting skills will now be covered under ARMHS. Chapter 108

CADI Waiver

Back in 2011, CADI waiver rates for people with "low needs" were reduced 10%. Unfortunately, the department didn't have a good tool to assess who was "low needs" and thus people with mental illnesses were disproportionally impacted. The legislature eliminated the 10% reduction for people whose primary diagnosis is a mental illness and who live in a corporate foster care setting that is run by an organization that is a provider of Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), Intensive Residential Treatment Services (IRTS) or a mental health center or clinic.

The Department of Human Services is required to submit a request to the federal government so that they can have a state administered safety net for those people whose costs are above the threshold. Chapter 108

Civil Commitment

There are now two distinct chapters of civil commitment law. Laws regarding people committed as "sexually dangerous persons" or "people with sexual psychopathic personalities" (253D) have been separated from laws regarding people committed as "mentally ill," "mentally ill and dangerous," "a chemically dependent person" or "person who is developmentally disabled" (253B). Chapter 49

Case Management

People with schizoaffective disorder are now eligible for case management if they experience a significant impairment in functioning and a mental health professional believes that without case management and community services they would likely require treatment in a hospital or residential program. Chapter 108

Intensive Residential Treatment Services

Some IRTS providers will be able to change their service model to meet the special needs of people with mental illnesses (such as health care needs) who are also having a difficult time transitioning out of Anoka. The legislature appropriated $1 million to keep the Willmar State Operated IRTS open. Chapter 108

Mental Health Pilot Project
The Zumbro Valley Mental Health Center will receive $230,000 each year to test an integrated behavioral health care coordination model. Chapter 108

Mentally Ill and Dangerous
Earlier this session the Office of the Legislative Auditor issued a report on State Operated Services for persons committed to the commissioner as mentally ill and dangerous. It found a number of problems, including that there are no automatic reviews of a person's status. The commissioner of human services, in consultation with the state court administrator, shall convene a stakeholder group to develop recommendations for the legislature that address issues raised in that report such as the role of the special review board; scope of court authority; appropriate review criteria; options, including annual court hearing and review, as alternatives to indeterminate commitment; and extension of the right to petition the court.

Stakeholders must include representatives from the Department of Human Services, county human services, county attorneys, commitment defense attorneys, the ombudsman for mental health and developmental disabilities, the federal protection and advocacy system, and consumers and advocates for persons with mental illnesses. The recommendations are due to the legislature by January 15, 2014. Chapter 108

The requirements for membership on the special review board were changed so that it can be a psychiatrist or a doctoral level psychologist with forensic experience. Chapter 59

Moving People out of Anoka and St Peter
The county's share of costs at Anoka Regional Treatment Center will go up from 50% to 75% of the cost of care for any days someone is there over 60 days. For the state operated forensic transition services at St. Peter, the counties will pay 50% instead of 10% of the cost of care. The thinking behind this is that this will push counties to develop community-based services.

Additional waivered services are available to people with developmental disabilities or mental illnesses who are at St. Peter or Anoka Regional Treatment Center and who are eligible for the waiver, no longer need that level of care and whose move into the community would be significantly delayed if the waiver wasn't available. In addition, the Department of Human Services will provide technical assistance to help counties develop services, especially for those people who are uninsured and not eligible for Medical Assistance. For people who live in the metropolitan area, they will be asked where they want to be placed, for example in an IRTS or other program far away or in a location that is accessible to family and friends. Chapter 108

Maternal Depression
The licensing boards that regulate professionals who serve caregivers at-risk of depression, or their children, (including mental health professionals, chiropractic, doctors, nurses) must provide educational materials to licensees on parental depression including how to screen mothers for depression, identify children who are affected by their mother's depression, and provide treatment or referral information on needed services. There is also a definition of maternal depression and a requirement for the health department to review current materials on the topic to ensure that women of color are receiving the information and that we are making progress in reducing health care disparities. Families with a serious mental illness including maternal

depression are added to the list of families served by the family home visiting program. Chapter 108

Mental Health Care for Farmers
$188,000 over the next two years is appropriated for mental health counseling to farm families and business operators through the farm business management programs at Central Lakes College and Ridgewater College. Chapter 114

RTC Transition Grants
When Moose Lake Regional Treatment Center closed, funding was provided to some community hospitals in order to provide mental health treatment. Funding for this program was cut by $5.306 million. This is not the same program that pays for extended time in an inpatient program. Chapter 108

Specialty Treatment Facilities
The Department of Human Services will issue a request for proposal to develop a specialized intensive residential treatment facility for people who transition out of Anoka Regional Treatment Center. Chapter 108

Children's Mental Health

Autism Coverage
There is a new benefit under Medical Assistance called Autism Early Intensive Intervention Benefit. It includes applied behavior analysis, development treatment approaches, and naturalistic and parent training models. There are eligibility requirements, including specific requirements for the diagnostic assessment. Some of the details will need to be worked out by the Health Services Advisory Council, Autism Spectrum Advisory Council, Legislative Autism Spectrum Disorder Task Force and the Departments of Health, Human Services and Education. A similar benefit will also be covered under the state employee group in 2016 and by certain employers in 2014. The state will be looking at how coverage for Autism will be impacted by changes to the Minnesota Comprehensive Health Association and under the Essential Benefit Health Benefit set under the exchange. The attorney general was also directed to provide a legal opinion as to whether health plans are required to provide coverage. Chapter 108

Case Management for Transition Age Youth
Continued case management services must be offered to a child (or child's legal representative) who is receiving children's case management and is turning 18 and his or her needs can be met within the children's service system. Before discontinuing case management for youth between the ages of 17 and 21, the county must develop a transition plan that includes plans for health insurance, housing, education, employment and treatment. The continuation of case management services is dependent on the services being medically necessary. Chapter 108

Child and Adolescent Behavioral Health Services
The Department of Human Services will consult with children's community mental health providers, hospitals, advocates and other interested parties to develop recommendations about the Child and Adolescent Behavioral Health Services (currently located in Willmar) to ensure that it is meeting the needs of children with serious emotional disturbances co-occurring with a developmental disability, borderline personality disorder, schizophrenia, autism spectrum

disorders, reactive attachment disorders, PTSD, fetal alcohol spectrum disorders, brain injuries, violent tendencies, or other complex medical issues. It will also look at the ability of the program to recruit appropriate personal and staff and the quality and effectiveness of the treatment. Chapter 108

Children's Therapeutic Services and Supports
A mental health practitioner who meets the criteria of a clinical trainee can now conduct a diagnostic assessment. Chapter 108

Clinical Care Consultation
Mental health clinical care consultation can be provided to children up to age 21 who have a complex mental illness or a mental illness co-occurring with other conditions. Under this new benefit mental health providers will get paid under Medical Assistance and MinnesotaCare for communicating with other providers and educators to increase communication among all professionals about the child's symptoms, strategies for effective interventions and treatment expectations. Chapter 108

Family Peer Specialists
Building on the use of peer specialists in the adult mental health system, family peer specialists will operate within existing children's mental health programs such as children's therapeutic services and supports, inpatient hospitalization, partial hospitalization, residential treatment, treatment foster care, day treatment or crisis services.

A family peer specialist: (1) provides nonclinical family peer support counseling, building on the strengths of families and helping them achieve desired outcomes; (2) collaborates with others providing care or support to the family; (3) provides non-adversarial advocacy; (4) promotes the individual family culture in the treatment milieu; (5) links parents to other parents in the community; (6) offers support and encouragement; (7) assists parents in developing coping mechanisms and problem-solving skills; (8) promotes resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services; (9) establishes and provides peer led parent support groups; and (10) increases the child's ability to function better within the child's home, school, and community by educating parents on community resources, assisting with problem solving, and educating parents on mental illnesses.

The -Department of Human Services will develop a process to train and certify family peer specialists. They must be raising or have raised a child with a mental illness, have experience navigating the children's mental health system, be at least 21 years of age and have a high school diploma. Chapter 108

Family Psychoeducation Services
Family psychoeducation services can be provided under Medical Assistance and MinnesotaCare to families with children up to age 21 who have a mental illness and where the mental health professional has determined it's necessary to involve family members in the child's care. Psychoeducation means helping the family understand the symptoms, the impact on the child's development, treatment and skill development so that the child can get better, prevent relapse or comorbid disorders. Chapter 108

In-Reach Services
In-reach services are currently available to assist certain adults with mental illnesses. This service was expanded to children. It can be carried out through a hospital emergency department or inpatient unit to children up to age 21 who have a serious emotional disturbance and have used the emergency room two or more times in the previous consecutive three months, been admitted to an inpatient psychiatric unit two or more times in the previous consecutive four months or are being discharged to a shelter.

In-reach services include helping to navigate or arrange for services before discharge to address a child's needs related to treatment, education, family support, housing, or anything else that will help reduce the use of emergency rooms or readmissions to the hospital. Providers of in-reach services will have to report to the Department of Human Services on the numbers served, outcomes, etc. Chapter 108

Intensive Treatment in Foster Care
An intensive treatment in foster care program is created by requiring a variety of components to serve children in family foster care. This includes psychotherapy, clinical care coordination, psychoeducation, etc. It is targeted towards children through age 20 who have a mental illness. Each child must be assessed for a history of trauma. The child and family must have access to clinical phone support 24/7 and the services can be provided in the home, school or in the community. Chapter 108

Mental Health First Aid Training
Funding for the Youth Mental Health First Aid training is available to train teachers, social service personnel, law enforcement, and others who come into contact with children with mental illnesses. This program was developed by the National Council for Community Behavioral Healthcare and was included in President Obama's recommendations in response to the tragedies last year. $45,000 is appropriated for the biennium. Chapter 108

Mental Health Service Plan Development
CTSS providers will be able to bill for the time spent on the development, review, and revision of a child's individual treatment plan including meeting with the child's parent or caregiver. Providers will also be able to bill for completing approved/required assessments like the CASII, SDQ and ESCII. Chapter 108

Northstar Care for Children
Northstar Care for Children creates a uniform benefit set for children in family foster care, adoption and permanent guardianship beginning in January, 2015. Currently, children who are eligible for adoption or relative care assistance have a reduction of almost 50% in the rates paid for their support if they move to permanency from foster care which can create a disincentive for foster parents to adopt the children in their care. Northstar provides equal rates for all children except those under the age of 6 at the time of adoption or placement with a permanent relative caregiver. Children in placement prior to January of 2015 will not see any changes in financial support unless they move to a different provider or have a change of status from foster care to permanency. The final version of this proposal adds additional supplemental rates for those children with the highest needs including children with serious mental illnesses. Chapter 108

Pilot Provider Survey
DHS is directed to survey children's mental health service providers and pediatric home health service providers to identify and measure issues with the management of Minnesota's public health care program. The survey questions must focus on seven key business functions provided by medical assistance contractors: provider inquiries; provider outreach and education; claims processing; appeals; provider enrollment; medical review; and provider audit and reimbursement. The results of the survey must be used to inform the contracting process with health plans and a report prepared and presented to the legislature by January 15, 2014. Chapter 108

School-linked Mental Health Grants
The school-linked mental health grants were increased by 50% for the first year and 100% the second year of the biennium for a total increase of $7.434 million. This increase was in the Governor's budget and a huge priority for NAMI since this program eliminates barriers to children and youth accessing mental health treatment. Chapter 108

Sexual Exploitation
The health department will create a position for a director of child sex trafficking prevention who will be responsible for training of professionals, producing a list of resources, identifying best practices in serving youth, and conducting an evaluation of the statewide program for safe harbor of sexually exploited youth. There will also be six regional navigators to address this issue in their areas. Chapter 108

TEFRA Fees
The fees under the TEFRA program, a program where families above the poverty line can access Medical Assistance for a child who has a disability, were eliminated for families whose income is under 275% of the federal poverty line. Chapter 108

Text Messaging Crisis Line
$1.25 million is appropriated to establish a text message suicide prevention program. Right now Canvas Health operates a program in a few counties in the state. Young people text to connect with crisis counselors and to obtain emergency information and referrals. Chapter 108

Chemical Dependency

Continuum of Care Pilot Projects
Three pilot projects (north, metro and south) will be selected by the Department of Human Services in collaboration with the counties. Projects are to develop new services that are responsive to the chronic nature of substance use disorder, utilize "telehealth" services to address barriers to service, integrate with mental health services, address the needs of diverse populations, and create a process where someone can be assessed and treated by the same provider. Chapter 108

Fetal Alcohol Syndrome
The Minnesota Organization of Fetal Alcohol Syndrome (MOFAS) was given $180,000 each year to carry out an outreach prevention program in Olmsted County. Chapter 108

Navigator Pilot Project
Further defines the Navigator Pilot Projects, including providing more details as to who is eligible for the program. Chapter 108

Opioid Addition Treatment
Licensing and program requirements have been established for opioid treatment programs. Chapter 113

SBIRT
The legislature appropriated $300,000 each year to train primary care clinicians to provide substance abuse brief intervention and referral to treatment (SBIRT). The department must apply for a federal grant to carry out this training. If the state obtains a federal grant then this money goes to the Minnesota Organization of Fetal Alcohol Syndrome who will then provide grants to prevent or reduce FAS. Chapter 108

Criminal & Juvenile Justice

Ban the Box
Effective January 1, 2014, all employers in Minnesota may not look into, or ask about, a job applicant's criminal record until they have selected the person for an interview or, if there is no interview, until after a conditional offer of employment is made. Public employers in Minnesota are already subject to this requirement; this bill extends the requirement to private employers. Chapter 61

Civil Commitment Data
The legislature has directed the courts to report already-public civil commitment data to the National Instant Criminal Background Check System (NICS) by July 1, 2014 for use in firearms background checks. Civil commitment data from January 1, 1994 through September 28, 2010 will be included in the data transfer from Minnesota's courts to NICS. Data since September 2010 are already included in the NICS database. This provision does not make private data public, nor does it change eligibility for firearms possession. Additionally, this is the only mental health-related gun violence prevention legislation that passed this session. Chapter 86

Civil Legal Services
$24.5 million was appropriated for Civil Legal Services (CLS) for the next two years, which is a 10% increase for the agency. Of these funds, $877,000 a year will be used to improve access of people with low incomes to legal representation in family law matters. The legislature also deleted language requiring CLS to focus its work only on civil matters within the jurisdiction of the state courts or agencies, so CLS is once again free to serve people with federal issues. Chapter 86

Conditional Release from Prison
Starting July 1, 2013, the Department of Corrections (DOC) can offer conditional release to people who are in state prisons for nonviolent controlled substance offenses and meet other specific criteria. DOC estimates that this provision will impact only a small handful of people. Chapter 86

Covering Inpatient Care
The Departments of Human Services and Corrections will enter into an interagency agreement so that Medical Assistance will cover the state costs of an inmate who is hospitalized. This will save counties money. Chapter 108

Department of Corrections
The Department of Corrections (DOC) will see a 2% increase, or a total of $9.7 million, in the next biennium. Of this funding, $68,000 in 2014 and $136,000 in 2015 will be used to hire two new medical release planners; $1.5 million a year will fund new treatment beds for people with chemical dependency or sex offense records (the department may choose how to divide the funds between these groups and must report to the legislature how the funds were spent); $1 million a year will go to Community Corrections Act (CCA) counties for probation services; and $200,000 a year will go to County Probation Officer (CPO) counties for probation services. Chapter 86

Department of Human Rights
The Department of Human Rights will see a 4% increase to its budget, totaling $6.6 million over the next two years. Chapter 86

District Courts
District courts will receive $504 million for the next two years, or a 6% increase. Of this money, $875,000 a year will fund the development, expansion and maintenance of specialty courts, such as drug and mental health courts. Chapter 86

Eliminating Long Wait Times
The Commissioner of Human Services is to prioritize placing people who are coming from jail or a correctional institution so that they can access treatment earlier. People who are committed in order to be examined to see if they are competent to stand trial, so that they can be treated in order to stand trial, those found "not guilty by reason of mental illness" and those whose criminal charges are dismissed, are to be moved into a treatment facility within 48 hours. Chapter 108

Guardians and Conservators
The legislature expanded background checks for guardians and conservators. The frequency of background studies will increase from every five to every two years. The courts will also examine any licensing records of proposed guardians and conservators through various licensing boards whether in Minnesota or in other states, such as the Boards of Social Work, Psychology and Nursing.

Individuals petitioning for guardianship or conservatorship, and any employees of those individuals, must report whether they have ever applied for or held a professional license from any of the boards now listed under 524.5-118, subdivision 2a, as well as whether they have ever had a professional license denied revoked, suspended or cancelled; been found civilly liable for fraud or other problems; filed for or gone through bankruptcy proceedings; have any outstanding civil monetary judgments; had an order for protection or harassment restraining order issued against them; or been convicted of a crime other than a petty misdemeanor or traffic offense. Guardians and conservators will be required to report any of these instances to the court, as well as instances where they have been removed for cause, within 30 days. People who have lived in

Minnesota the past ten years will pay $50 per background study, and people who have lived outside Minnesota in the past ten years will pay $100. Chapter 86

Guardians ad Litem
The Guardian ad Litem Board received a 4% increase for the next biennium. Chapter 86

Juvenile Justice System Report
The legislature has directed NAMI Minnesota to convene a work group to examine ways to improve outcomes for children in the juvenile justice system and report policy recommendations to the legislature by February 15, 2014. Chapter 86

Juvenile Records Privacy
Effective January 1, 2014, 16 and 17-year-olds' juvenile felony records will no longer be public except when the prosecutor has filed for adult certification, requested or designated a case as an extended jurisdiction juvenile case or the child has been adjudicated delinquent for certain violent crimes. Even in these cases, the prosecutor and juvenile may still agree to keep the child's record private. Chapter 109

MinnesotaCare Eligibility
People who are in jail but who have not been convicted will remain eligible for MinnesotaCare while awaiting their case to be resolved. Chapter 108

Office of Justice Programs
The Office of Justice Programs will see a 9.5% increase in 2014-15, or $72 million for the biennium. The agency is directed to spend $1,500,000 a year on crime victim program grants; $100,000 a year on a community offender reentry program in Duluth; $1,000,000 a year on grants to create new youth intervention programs and continue support for existing programs; $50,000 a year on a grant to the Upper Midwest Community Policing Institute to train community safety personnel on de-escalation strategies to respond to returning veterans in crisis; $50,000 a year on the Juvenile Detention Alternative Initiative; and several other public safety areas. Chapter 86

Public Defenders
$144 million was appropriated for public defenders, a 9% increase. The legislature left it up to the Public Defense Board to decide how to spend its new funds instead of specifying that they must be used for new attorney and staff hires, salary and benefit increases, caseload reductions or other costs. The board will have to report how it spent the money to the legislature by January 15, 2014. Chapter 86

Rental Assistance for People Leaving Jail/Prison
$500,000 over the next two years was appropriated to fund rental assistance for people who have been incarcerated to help support successful reintegration into the community and to reduce recidivism. Chapter 85

Early Childhood, Education and Special Education

Adult High School Diploma

The Department of Education is directed to adopt rules for a standard adult high school diploma so that people who complete an adult basic education program can demonstrate the same competencies, skills and knowledge as a standard high school diploma. They want to ensure that employers and postsecondary programs treat these diplomas the same. A task force will be formed to provide input into the rule. Chapter 116

Care and Treatment Costs
There has always been some disagreement between the resident district (where the child lives) and the providing district (where the child is being taught) about the bill for special education. The resident district has historically had to pay the whole bill for unreimbursed special education costs and has had no say in how the costs were calculated. A child might be out of their district due to attending a day treatment program, residential treatment program, etc. Beginning in FY 2015, the serving district or charter school will be required to cover 10 percent of unreimbursed special education costs, reducing the amount borne by the resident district from 100 percent to 90 percent. Chapter 116

College Aid
Many of the state grants for higher education will be made available to part-time students and some of the special grants provided for child care or grants for children of public safety personnel killed in the line of duty have allowances for leaves due to a medical condition that is being treated that has made it difficult for the student to stay in school. Chapter 99

Compulsory Attendance
The age for compulsory education was raised from age 16 to age 17. Students who meet the criteria of the graduation incentives program can be assigned to an area learning center after consultation with the parent, area learning center, and principal. This also means that a child who doesn't attend school between the ages of 16 and 17 can be deemed truant. Chapter 116

Mental Health Education
Schools are encouraged to provide mental health instruction for students in grades 6 – 12 that are aligned with local health standards and are integrated into existing programs or curriculum. The Department of Education is to work with the Department of Human Services and mental health organizations to provide districts with age-appropriate model learning activities that encompass the mental health components of the National Health Education Standards and the benchmarks developed by the Department's quality teaching network in health and best practices in mental health education. They are also required to provide a directory of resources. While the national standards include mental health, NAMI found that there were only about three activities provided to carry them out. Chapter 116

Online Education
The current online learning advisory committee was changed. There are now specific groups of people that need to be represented, including special education specialists, charter schools and parents. The duties were also changed by adding that they need to look at a review process to ensure the quality of teachers, support for special education services, etc. Some parents have found online learning to be helpful for their child who has a serious mental illness. Chapter 116

Regional Centers of Excellence

Regional Centers of Excellence are established to assist schools in implementing research-based interventions and practices to increase student achievement. The centers are required to establish partnerships with various entities in the region, including children's mental health providers. NAMI had also tried unsuccessfully to require the centers to help schools connect with providers and others to reduce the use of seclusion and restraints. Chapter 116

Safe School Levy
The safe school levy was increased for school districts (but not Intermediate School Districts) from $30 to $36 per adjusted pupil units. In addition to the current uses of the funds (like school support personnel) it can now also be used to pay for security enhancements in schools, for costs associated with improving the school climate, and for costs related to co-locating and collaborating with mental health professionals who are not district employees or contractors. Chapter 116

Seclusion and Restraints
Legislation governing the use of seclusion and restraints (restrictive procedures) was passed in 2009 and went into effect in August of 2011. Last year language passed that required the Department of Education to form a task force to review implementation and the continued use of prone restraints. After one year of implementation it was clear that some things need to be clarified or fixed. Please note that any prone restraints that restrict breathing are prohibited and other types of prone restraints can only be used in an emergency.

The recommendations of the task force (of which NAMI was a member) were sent to the legislature this session and changes were then made to the seclusion and restraint law. The definition of emergency was changed by deleting reference to serious property damage (so now these procedures can only be used to protect a child or others from serious injury). It was also clarified that it's not an emergency if a child doesn't respond to a task or request, hides under a desk or table, or when an emergency incident has already occurred but there is no longer a threat of physical injury. It's made very clear in the law that these procedures cannot be used to punish or discipline a child. The definition of a seclusion room was changed to include when egress is barred by an adult locking or closing the door or preventing the child from leaving the room.

Schools are to post online (or make a hard copy available) their plan for using restrictive procedures. The plan must now also include how they will implement a range of positive behavior strategies and provide links to mental health services. The oversight committees have to undertake a quarterly review of the use of restrictive procedures looking at patterns or problems, whether they are being used inappropriately, training needs and proposed actions to minimize their use. Schools must now publicly identify who is on this oversight committee and include on the committee a mental health professional, school psychologist or school social worker; an expert in positive behavior strategies; a special education administrator and a general education administrator.

The changes also clarify when an Individualized Education Plan (IEP) meeting has to be held. Basically, an IEP meeting has to be held after restrictive procedures are used on two separate days within 30 calendar days or a pattern emerges (and the IEP or Behavior Intervention Plan (BIP) doesn't provide for using them) or at the request of the parent. The team should review any medical or psychological limitations, including any medical information that is provided

voluntarily by the parent. If the use of restrictive procedures is included in the IEP or BIP it must be reviewed every year.

If the IEP team believes that existing interventions and supports are not effective in reducing the use of restrictive procedures or they are used on child ten or more days in a school year, then the school must consult with other professionals working with the child, experts in behavioral analysis, mental health professionals, experts in communication or autism, and culturally competent professionals, along with reviewing existing evaluations, resources and successful strategies. They should also consider reevaluating the child.

Prone restraints that do not restrict breathing are permitted to be used for two more years but only in emergencies. Unlike in 2009, there is now "buy in" from special education administrators and they are working hard to develop alternatives and in some situations even creating new environments. The concern in banning any use now is that we would see increased use of police, more homebound services, and increased use of "reasonable force" whereby any school employee can take whatever means necessary to keep a child or others safe (with no training or reporting).

The training requirements for staff and paraprofessionals who use restrictive procedures was changed to include district policies on reporting and documentation and school wide programs on positive behavior strategies. The department will also maintain a list of experts that can help IEP teams reduce the use of restrictive procedures.

To maintain pressure on reducing the use of restrictive procedures, districts have to report summary data each year on the use of restrictive procedures. The task force will continue to meet and recommend to the Commissioner of Education by March 2014 specific and measurable implementation and outcome goals for reducing the use of restrictive procedures. The commissioner has to report back to the legislature on these goals, and on districts' progress in reducing them along with the how to further reduce the use of restrictive procedures and to eliminate the use of prone restraints. Additional members were added to the task force, including teachers, paraprofessionals and county social services. Chapter 116

Special Education Funding

An additional $40 million is going to schools to cover the costs of special education. When schools have to use general education dollars for these services, they call it "cross subsidy" but it's really just that their share of the costs of special education is high. Major changes will be made to how special education is funded in the future. It will be moving from a system where the state covers a percentage of the costs of special education teachers' salaries to a per pupil weighted system where the district will get a certain amount of money per child, although the amount will vary depending on the child's disability. Chapter 116

Special Education Task Force

The Department of Education is to convene a special education task force of ten people with equal representation from school districts, special education teachers, advocates and parents. The task force will look at caseloads (how many students assigned to special ed teachers) and at cost-effective and efficient strategies and structures for improving student outcomes. The task force must also identify state rules that should be revised to align with state law. Originally NAMI and

other advocates were worried that the task force would be required to look at where state laws and rules exceed federal laws and rules. Having done this several times already, we pushed instead to look more creatively at how to more efficiently improve special education outcomes. Chapter 116

Student Support Services
The Department of Education is directed to submit a report and recommendations to the legislature by February 2014 on how to provide access to licensed student support services such as school counselors, psychologists, social workers, nurses, and chemical health counselors using a multi-disciplinary team staffing approach. The recommendations have to address student needs, current access, funding streams and caseloads and best practices. Chapter 116

Teacher Training
Improvements were made to Minnesota's longstanding law requiring teachers to have continuing education on the early warning signs of mental illnesses. The new law will allow teachers who have taken the initial training to take more in-depth training in subsequent years on a variety of topics including trauma, accommodations, parents' role in addressing children's mental illnesses, Fetal Alcohol Spectrum Disorders, autism, de-escalation techniques and the training required under the use of restrictive procedures. This is effective August 1, 2014. Chapter 116

Employment

Extended Employment
Funding for the Extended Employment Program was increased by $500,000 each year to increase rates to providers. Chapter 85

Extended Employment for People with a Serious Mental Illnesses (EE-SMI)
EE-SMI received a one-time funding increase of $1 million for the next two years. A number of changes were made to the law governing EE-SMI to reflect the components of the evidenced-based practices supported employment model - Individual Placement and Support (IPS) and changes were made to the Adult Mental Health Act to underscore the importance of competitive employment and to encourage counties to fund IPS and Illness Management and Recovery. Chapter 85

Sick Leave for Caring for a Loved One
Employees can use their "sick leave" hours to care for a child (minor or adult), spouse, sibling, parent, grandparent or stepparent who is ill. Chapter 87

Workers' Compensation & PTSD
Post-Traumatic Stress Disorder (PTSD) resulting from a work related incident can be a basis for a workers' compensation claim in very specific instances. This is designed to benefit police, firefighters and others who may experience PTSD as a result of their duties and ensure that they get the same support as someone who experiences physical injuries as a result of performing their job duties. Chapter 70

Health Care

Asset Limits

The Department of Human Services must consult with stakeholders and develop recommendations and request a federal waiver to increase the asset limit for people who qualify for Medical Assistance due to their disability and who do not live in a nursing home or institution. Chapter 108

Community First Services and Supports
Community First Services and Supports (CFSS) are what we used to know as Personal Care Assistant Services. To qualify, people will need help with at least one activity of daily living or a Level 1 behavior (physical aggression towards self or others or destruction or property at least four times a week). Chapter 108

People can ask for a personal care assistant of the same gender and the agency must make a reasonable effort to fulfill this request. Chapter 63

Critical Access Study
The Department of Human Services has to conduct a study on the local capacity and availability of home and community-based services for older adults, people with disabilities, and people with mental illnesses. It's due to the legislature by August 15, 2015. Chapter 108

Dental Care
Dental care under Medical Assistance was expanded to include visits to a person's home or extended care facility, certain types of behavior management and prophylaxis if it's in the treatment plan (but not more than four times a year). Chapter 108

Health Care Exchange
Minnesota's health care exchange (called MNSure) is official. A law passed outlining how it will work. Its board will have three people appointed by the Governor, three by the legislature and its duties, powers, and how it will operate is laid out in detail. The law also sets the requirements for plans offered under the exchange. Chapter 9

A second bill that passed conforms state law to the federal law governing plans offered under the exchange. While the law requires that plans guarantee access to primary care, mental health services and hospital services be accessible within 30 minutes or 30 miles, and that they have sufficient number and type of providers, plans can request a waiver. The waiver application includes information as to what steps were taken to ensure network adequacy. The waiver automatically expires after 4 years. If an extension is requested the commissioner has to review what type of effort the plan made during those years to address the problem. Chapter 84

Home and Community-based Services Report Card
The Departments of Health and Human Services will develop a report card to rate the quality of home and community-based services, including waivered services and home care. Chapter 108

Home Care
The law governing home care providers was rewritten. Chapter 108.

Medical Assistance (MA)

Adults without children with incomes up to 138% of federal poverty guidelines (~$15,000) will be eligible for MA and for children and pregnant women it will be up to 275% beginning January 1, 2014. Applications can be submitted online, in person, by mail, or by phone. Redetermination for MA will be yearly, and the Department of Human Services has to supply the individual with a prepopulated form that the person can simply update or correct. People responsible for a spend-down must still reapply every six months. Chapter 1; Chapter 108

MinnesotaCare
MinnesotaCare will become the Basic Health Program under Minnesota's health care exchange starting on January 1, 2015. Changes will be made starting on January 1, 2014 to comply with federal requirements. People eligible for the new MinnesotaCare will include adults from 138 to 200% of the federal poverty guidelines and there will be no asset limit. Children and pregnant women will be transitioned onto Medical Assistance; parents and childless adults under 138% will transition onto Medical Assistance; parents and childless adults between 200 and 275% of poverty will transition onto the exchange; and lawfully present immigrants will be eligible up to 200% of the federal poverty guidelines. To be eligible an individual or family can't have access to subsidized health insurance through their employer that is affordable and meets minimum standards. The current hospital copayment of $1000 and limit of $10,000 is eliminated as is the requirement that a person be uninsured for four months. Premiums will also be greatly reduced. Chapter 108

Minnesota Comprehensive Health Association
The Commissioner of Commerce, in consultation with the board of the Minnesota Comprehensive Health Association, is given the authority to develop and implement a phase-out and eventual appropriate termination of coverage provided by MCHA. The commissioner must ensure the least amount of disruption to enrollees' health care coverage. Chapter 9

Non-Emergency Medical Transportation
Special transportation providers can take Medical Assistance recipients to the health care provider of their choosing within 30 miles for a primary care provider and 60 miles for a specialty provider. Local agencies can also authorize providers to travel further when there isn't a provider within those parameters. Previously, recipients had to be taken to the "nearest appropriate" health care provider.

In addition, the deadline for DHS to implement a comprehensive, statewide standard assessment process for MA enrollees seeking nonemergency medical transportation services has been delayed by one year until July 1, 2014 to give the nonemergency medical transportation advisory committee, which NAMI has been actively involved with, time to complete its work. The new assessment process recommended by the advisory committee must be used beginning July 2014. Chapter 81

Nursing Home Level of Care
The nursing home level of care was recently changed which impacts people's eligibility for waivered services. The Department of Human Services will have to report back on October 1, 2014 and again in February 2015 on the impact of the new criteria, especially on their services. Chapter 108

Prior Authorization
DHS must publish the criteria and standards used to determine whether certain providers must obtain prior authorization for their services on its website and in the health care programs provider manual. The criteria or standards for determining if a provider will be subject to prior authorization must not impede access to services for groups of individuals with unique or special needs due to disability or functional condition. Chapter 81

Same Day Services
Medical Assistance can now cover mental health, health and dental services that are provided on the same day. It was previously not covered as an effort to reduce fraud, but this meant that people couldn't obtain mental and health care on the same day at a clinic, resulting in either higher transportation costs or the provider not being reimbursed. Chapter 108

Studies
There are a couple of studies. One is to look at emergency medical assistance and people who are uninsured and not eligible for federal programs. Another one will look at how to increase access to dental services under Medical Assistance. Chapter 108

Transitioning out of Foster Care
Adults who were in foster care when they turned 18 can stay on Medical Assistance until they turn 26. This is part of the Affordable Care Act. Chapter 108

Housing

Bridges Housing Program
Funding for the Bridges Housing Program was increased by $200,000 each year. Bridges provides rental assistance to people with a serious mental illness while they await a federal Section 8 housing voucher. Chapter 85

Homeless Youth
A Homeless Youth Act grant program is established to award grants to providers who are committed to serving homeless youth and those at risk of homelessness and who will provide outreach and drop-in programs, emergency shelter and integrated supporting housing and transitional living programs. The Department of Human Services must provide a report to the legislature every two years on the issue of homeless youth, including outcomes and how the funds were used. The Interagency Council on Homelessness must include in their strategic plan recommendations on how to address homeless youth, including meeting their mental health needs. $2 million is appropriated each year. Chapter 108

Homelessness Services
The legislature appropriated money for a number of programs and services aimed at helping people experiencing homelessness. $2 million is appropriated for long-term homelessness supportive services, which provide coordinated, intensive services to individuals, youth, and families in supportive housing; $500,000 is for transitional housing services for people experiencing homelessness; and $500,000 is for emergency services grants which funds services and emergency shelter for people who are experiencing homelessness. Chapter 108

Funding for housing was also increased through the Housing Finance Agency for the family homeless prevention fund, challenge fund, and housing trust fund. Chapter 85

Human Services

Case Management Redesign

By February 2014 the Department of Human Services has to submit a report to the legislature with recommendations and language regarding changes to case management to provide for more choice of providers, clearly define the roles, provide guidance on caseload size, develop a system to standardize standards and measure outcomes, and establish consistent rates. The department has to consult with counties, tribes, disability and senior advocates, mental health advocates, managed care organizations, and providers. Chapter 63

Child Care

Child care providers must now take behavior guidance training to help them understand the functions of child behavior and strategies for managing challenging situations. The limit on child care absent days was increased from 10 to 25 or 10 consecutive full-days. Children with documented medical conditions or children who have a parent or sibling with a documented medical condition can exceed the limit on absent days. Families receiving adoption assistance for high-needs children can get child care reimbursement if an adult caregiver is unemployed due to disability. Chapter 108

Concentration of Homes

The Department of Human Services will consult with providers, advocates, cities and the Minnesota Olmstead subcabinet to develop recommendations on concentration limits of people receiving home and community-based services. Currently you can't have more than 25% of a building be people receiving services. Some providers would like to increase that percentage. A worry among advocates is that higher percentages would lead to a more "institutional" rather than "community" setting. The report is due back February 1, 2014. Chapter 108

Corporate Foster Care

Corporate foster care beds that are needed to move people out of St. Peter or Anoka Regional Treatment Center are exempted from the moratorium on new beds. The Department of Human Services is given the authority to manage statewide capacity, including adjusting the number of beds available in each county. A change was made to the law that exempted from closure homes that were operated by a mental health provider or one that had obtained mental health certification in order to make clear that the beds had to also be occupied by a person whose primary diagnosis is a mental illness. It was also made clear that the limits on corporate foster care only apply to adults, not children. Chapter 108

Cultural and Ethnic Communities Leadership Council

This council is established to advise the Department of Human Services on how to reduce disparities by reviewing rules, laws, and programs and by investigating cost effective models to increase culturally relevant services. Chapter 107

Exploitation of Vulnerable Adults

Prosecutors will have more options when charging a person accused of exploiting a vulnerable adult starting on August 1, 2013. Prosecutors will be able to combine the value of all money,

property or services illegally taken from a vulnerable adult within a six-month period. If a person is accused of exploiting a vulnerable adult in more than one county, the person can be charged for all of the offenses together rather than having to be charged in each individual county. Prosecutors will also have the option of charging a person accused of exploiting a vulnerable adult in either a county where the offense occurred or the county where the victim lives. Chapter 5

Joint Licensure
The Departments of Human Services and Health are to work together to create a joint and integrated licensing system so that providers of both waivers and home care services are only required to have one license. Chapter 108

Nursing Home Screening
Before a person with a mental illness or a developmental disability can enter a nursing home or certified board and care facility, they must be screened to ensure that they meet this level of care and that there are no other specialized services available to meet their needs. Chapter 108

Parental Rights Reunification
Under very limited circumstances, a county attorney can petition to have the legal rights of a parent restored if the child is over 15 years of age, the parent is willing and capable of caring for the child and the child has not been adopted or does not have an adoption agreement in place. Chapter 30

State-County Results
Changes were made to the State-County Results, Accountability and Service Delivery Redesign law. This was passed back in 2009 as a way to develop outcomes, standards and performance measures for counties. Chapter 108

Vulnerable Adults
The Department of Human Services will establish a common entry point for reports of abuse or neglect of vulnerable adults. This common entry point will allow the department to track reporting, responses, investigations, and more. Chapter 108

Waivered Services
There is a whole new revised section governing all waivered services. This includes waivered services for older adults, people with disabilities or brain injuries, and the CADI and CAC waivers. Where people receive the services, if not in their own home, will be referred to as community residential settings and licensed under new rules. There are provisions related to the use of emergency restraints, seclusion or time-out (training, under what circumstances, what is prohibited, etc.), what to do in an emergency, the taking of medications, a standard “menu” of services and more. There are references to calling a mental health crisis team, and a very prescriptive process to administer and monitor the use of psychotropic medications.

They are also trying to reduce the emergency rooms, inpatient hospitalizations and institutionalizations by requiring a consultation by a mental health professional when someone has had two or more uses during a year. The consultation requires a functional assessment of the incident that led to the hospitalization in order to help develop proactive strategies. The results

could also be used to examine staff training, increase staffing and access to mental health services or crisis teams, etc. NAMI was concerned that the specific needs of people with mental illnesses would not be adequately addressed under uniform standards for waivers. We were able to get some changes, but will be monitoring this closely.

The methodology used to pay for waivered services is also being changed. They tried to make sure that people would not experience major changes so it will probably impact new people coming on to a waiver rather than those currently on a waiver. Chapter 108

Mental Health Workforce and System Issues

Autism Training

The Departments of Health and Human Services shall ensure that their autism-related service providers receive training in culturally appropriate approaches to serving the Somali, Latino, Hmong, and Indigenous American Indian communities and other cultural groups experiencing a disproportionate incidence of autism. Chapter 108

Background Checks

Starting in 2018 all the health related licensing boards will require a criminal history background check including submitting a full set of fingerprints. Chapter 108

Crisis Services

Funding for mental health crisis teams for both children and adults was increased by $1.5 million for the biennium. Chapter 108

Foreign Trained Professionals

There has been a program to help foreign-trained health care professionals obtain their licensure in Minnesota. This program was refunded and NAMI was successful in adding an amendment so that in addition to covering physicians, nurses, dentists, and pharmacists, it will also cover mental health professionals. Chapter 85

Mental Health Behavioral Aides II

A new certificate program will be developed in community colleges for Mental Health Behavioral Aides II. Right now providers must hire and train people. Under this provision people could obtain the certificate and be hired by a provider of their choosing. Chapter 108

Mental Health Practitioner

The definition is changed by deleting the requirement that someone who holds a master's degree in one of the behavioral sciences or related fields must also have less than 4000 hours post-master's experience in the treatment of emotional disturbance. Chapter 108

Mental Health Workforce Development Summit

The Minnesota State Colleges and Universities (MNSCU) will convene a summit involving the Department of Human Services, MNSCU, U of M, private colleges, mental health professionals, special education representatives, child and adult mental health advocates and providers, and community mental health centers. The purpose will be to develop a comprehensive plan to increase the number of qualified people working at all levels of our mental health system, ensure appropriate coursework and training and create a more

culturally diverse mental health workforce. The plan must be submitted to the legislature by January 15, 2015. $50,000 was appropriated. Chapter 99

Psychiatric Consultation
Medical Assistance covers psychiatric consultation provided by a psychiatrist to a primary care practitioner. This service was expanded so that consultation can be provided by a psychologist or an advanced practice nurse certified in psychiatric mental health. Chapter 108

Rate Increases
Mental health providers, along with physicians, PT, OT, and speech therapists will have their reimbursement under Medical Assistance increased by 5% starting September 1, 2014. Dental rates go up 5% starting January 1, 2014. Providers of waivered services, nursing and home health, and personal care assistance will receive a rate increase of 1% beginning April 14, 2014. A 1.67% rate cut scheduled to take effect on July 1, 2013 was eliminated as well. Chapter 108

Social Work Licensure
Social workers employed by a tribal agency will be eligible for a social work license under grand-parenting provisions. Due to legislation passed during the 2012 session, people who are hired by a city, state or nonprofit agency 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. However, people who are currently employed by one of the three can be grand-parented if they obtain certain degrees, have a certain number of hours of supervision, undergo a background check, etc. The change made this session clarifies that tribal social workers qualify for grand-parenting. County social workers are still not required to be licensed. Chapter 25

State Operated Services
In collaboration with labor organizations, the Department of Human Services will develop clear and consistent standards to address direct service staffing shortages, identify and help resolve workplace safety issues, and look at the use of overtime. Chapter 108

Training
MERC funding, Medical Education and Research, is used by teaching institutions to train physicians, pharmacists, nurses, physician assistants, chiropractors and dentists. These funds will be expanded in order to train dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics and community health workers. Chapter 108

Veterans

County Grants
Each county is eligible for annual grants to provide outreach to veterans, assist with reintegration, collaborate with other social service agencies, educational institutions and community organizations to improve services for veterans and reduce homelessness among veterans. Each county is eligible for a base grant of $7,500, with additional funds available depending on a county's veteran population. Chapter 142

Minnesota Assistance Council for Veterans

The Minnesota Assistance Council for Veterans (MAC-V) will receive $1.5 million over the next two years. MAC-V provides housing, utilities, employment and legal assistance to veterans and their families experiencing homelessness or at-risk of homelessness. The assistance MAC-V provides must be coordinated with other available programs for veterans. Chapter 142

Other

Advisory Councils

The Legislative Commission on Planning and Fiscal Policy will be allowed to review any executive branch advisory groups to make recommendations on the continuing need for particular groups as well as any changes to Minnesota law to improve a group's efficiency and effectiveness. The Sunset Commission, established during the 2011 legislative session to review the effectiveness of advisory councils as well as state agencies and to make recommendations on any changes to these entities and whether or not they should continue to exist, has been eliminated. Chapter 142

Council on Disabilities

The Council on Disabilities is required to have 17 members instead of 21. Chapter 29

Health Care Professionals

Health care providers licensed by the Board of Medical Practice, who are unable to practice because of an illness, chemical dependency or mental illness, are eligible for the Health Professional Services Program (HPSP). HPSP monitors health professionals who have an illness that may impair their ability to do their job and connects them with treatment and services as an alternative to discipline by the licensing board. In addition, "allied health professionals", including Physician Assistants, will now be regulated by the Board of Medical Practice. Chapter 44

"No-Excuse" Absentee Voting

People can choose to vote by absentee ballot without providing a reason for doing so. Previously, people had to explain why they wanted to vote absentee. This could benefit people who are uncomfortable or unable to vote onsite at a polling place on Election Day. Chapter 131

Outdated & Offensive Terminology in Minnesota Law

Outdated and/or offensive language will be removed from Minnesota statutes in many places. Terms such as "mentally ill" or "insane" will be replaced with more appropriate terms such as "people with mental illnesses" or "a person with mental illness." Chapter 59 and Chapter 62

Service Animals

People are no longer required to carry documentation that their service animal is "properly trained" in order to have their service animal accompany them into places that do not usually allow animals. The definition of a "service animal" under state law is now aligned with the definition in the federal Americans with Disabilities Act (ADA). Chapter 14

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