

**NAMI Minnesota**  
**2014 Minnesota Legislative Session**  
**Summary of New Laws Affecting**  
**Children and Adults with Mental Illnesses and Their Families**

**Adult Mental Health**

**Adult Foster Care**

In 2012, NAMI successfully advocated for a voluntary mental health certification for adult foster care providers so that individuals, family members, case managers, and others would be able to identify which adult foster care homes are well suited to care for people with mental illnesses.

Several updates were made to that legislation this session, including:

- Clarifying that the mental health certification of adult foster care homes is for homes that serve people with a primary diagnosis of a mental illness.
- Adding suicide intervention, identifying suicide warning signs and appropriate responses to the topics covered in the training.
- Requiring that training on mental illnesses and de-escalation techniques take place before someone work alone with residents and that after six months those topics are reviewed.
- Clarifies that this training can be counted towards the 30 hours of training required by waived services providers.

In addition, there is a new requirement that the training curriculum to be approved by the commissioner of human services and that it needs to include a test to measure what people learned. The training can only be provided by a mental health practitioner or professional. It can also be provided by an individual living with a mental illness or family member if they are with an approved nonprofit that has a history of providing education on mental illnesses. This will allow mental health providers to train their own staff as well as organizations such as NAMI or the Mental Health Association to provide training to homes that are not associated with a mental health provider. Chapter 291

**Andrew Residence**

Andrew Residence in Minneapolis received an adjustment to their payment rate to ensure they can continue receiving the same rate they have been and remain viable. Chapter 312

**Civil Commitment**

The Department of Human Services (DHS) must develop an online training on the Civil Commitment Act (253B) in order to help educate mental health professionals, attorneys, county staff, families, and others about the law and help ensure it is being applied consistently across the state. The training will be developed in collaboration with NAMI Minnesota, State Advisory Committee, Consumer/Survivor Network, Mental Health Association, Minnesota Psychiatric Society, Hennepin County Commitment Defense Panel, Minnesota Disability Law Center, Minnesota Association of Community Mental Health Programs, Minnesota Hospital Association, Minnesota County Attorneys Association, Minnesota Hospital Association and Minnesota Board of Public Defense. Chapter 312

Medications that were prescribed to a person prior to their being civilly committed and admitted to a treatment facility can continue to be administered even if the person lacks the capacity to consent, as long as continuing the medication is in the person's best interest and they do not refuse the medication. The medication can only be administered for up to 14 days while the treating physician obtains a court order to allow the medications to be continued. This is to ensure people do not have to abruptly stop taking medication that they were already taking when they enter a treatment facility. Chapter 291

DHS may create a pilot program in up to three counties to test the efficacy of courts providing the commissioner of human services with notice and information prior to filing a petition for commitment or at the time the petition is filed. DHS is directed to report its findings to the legislature by January 15, 2015. Last year's Legislative Auditor's report on state operated services found that courts often do not inform DHS when someone is committed to their jurisdiction. Chapter 291

Assertive Community Treatment (ACT), crisis assessment/stabilization, and partial hospitalization will now be available as treatment options for people civilly committed under Minnesota's "early intervention" commitment law. Chapter 312

### **Crisis Response Services**

Changes were made to mobile mental health crisis response services to ensure they provide earlier and more proactive assistance to people experiencing a mental health crisis and that they engage with families and caregivers. Crisis teams must work to engage people in voluntary treatment, and even the treatment plan must include information about how that will be done. Instead of providing a referral to a service the team must decide if the person can follow up on the referral and if not, ensure a "warm hand off."

Families and caregivers are recognized in the new law for the important role that they can play. Teams are required to obtain information and the person's history from the family or caregiver and provide family psychoeducation. Advance directives can be very helpful and so the team must determine if a person has an advanced psychiatric directive and if they do not, help them to develop one when it's appropriate. The new law clarifies that crisis teams can assist people who are experiencing a co-occurring disorder (mental illness and substance use disorder) as long as they don't need detox level of care. In addition, Certified Peer Specialists will now be able to be part of a crisis team. While already stated in the policy manual, the law now requires services to be culturally and linguistically appropriate. Chapter 312

### **Intensive Community Rehabilitative Services (ICRS)**

The Department of Human Services will continue funding grants for Intensive Community Rehabilitative Services (ICRS) using existing funding. Funding for this service was set to go away as part of cuts made to the adult mental health grants in the 2013 legislative session in order to restructure funding for Adult Rehabilitative Mental Health Services (ARMHS). NAMI advocated for additional funding to continue the ICRS grants instead of using existing funding and for increased funds for supportive housing but was not successful. Chapter 312

### **Minnesota Security Hospital Renovation**

\$56.7 million in bonding money is appropriated to the Department of Human Services to complete the design of, and to construct, furnish, and equip the first phase of a two-phase project

to remodel existing, and to develop new, residential, program, activity, and ancillary facilities for the Minnesota Security Hospital on the upper campus of the St. Peter Regional Treatment Center. The goal of this project is to improve the physical layout of the Security Hospital in order to improve safety for both patients and staff. The plan includes removing areas that have blind spots or narrow corridors and generally bringing the facilities up-to-date. The proposal would also move all the units for people committed to St. Peter because of a mental illness onto the upper part of the campus and separate those units from the Minnesota Sex Offender Program. Chapter 294

### **Payment Rate Setting Methodology for Mental Health Services**

DHS is required to study and report to the legislature about the rate setting methodology for IRTS, ACT, and adult crisis services. The report must include recommendations to ensure adequate reimbursement to sustain these important services across the state. Stakeholders will be involved in developing the report and the report can make mention of other concerns regarding funding for mental health services. Chapter 312

### **Thief River Falls Psychiatric Hospital**

Sanford Health is authorized to build a new 16-bed stand-alone psychiatric Hospital in Thief River Falls if it is approved by the Minnesota Department of Health (MDH). MDH has given the project preliminary approval. Chapter 312

## **Children’s Mental Health**

### **Children’s Mental Health UnSession bill**

As part of the DHS “clean up” bill several changes were made. The county board no longer has to provide the community with information about predictors, symptoms or mental illness or how to access services. The case manager doesn’t have to complete a functional assessment. Residential treatment is no longer designed to prevent placements in settings that are more costly or restrictive. Changes were made to CTSS to include patient or family member (instead of just individual) and psychotherapy for crisis and day treatment. References to family peer specialists were removed but this doesn’t affect our efforts moving forward on them. Clinical trainee is added to the same classification of mental health practitioner for children. Chapter 262

### **Day Treatment**

Day treatment programs for children can now offer group psychotherapy for a minimum of three children at a time rather than four. Chapter 262

### **Home Visits for Children in Out-of-Home Placement**

When a child is in residential treatment under a voluntary foster care agreement (260D) the parents and social service agency can agree that the child can come home on a trial visit for up to 6 months. During that time the agency continues its responsibilities as the “legal authority” for placement but the parent retains their legal rights to make decisions for their child. Either party can terminate the trial visit within ten days after providing a written notice. Chapter 291

### **Out-of-Home Placement Screenings**

The county screening team must now conduct the out-of-home placement screening for children needing residential treatment who are on a prepaid Medical Assistance plan within 10 working days, the same amount of time that is required for the health plan. Chapter 291

### **Safe Harbor/Sexual Exploitation**

An additional \$1.5 million was appropriated for these programs which help youth who have been sexually exploited. Some of the funding must target trauma-informed culturally specific services. Chapter 312

### **St. David's Center for Child and Family Development**

\$3.75 million in bonding money was appropriated to Hennepin County to acquire land, pre-design, design, construct, furnish, and equip the expansion and renovation of the St. David's Center for Child and Family Development. The center will provide early childhood education, respite care, children's mental health services, and other services for children with disabilities and their families. Chapter 294

## **Criminal Justice/Juvenile Justice/Legal Issues**

### **Civil Court Fees**

If someone doesn't meet the eligibility criteria to have all their court fees waived (known as "in forma pauperis"), courts can order people to make a partial instead of full payment of court fees based on their income. The law also clarifies that if a person's financial situation changes, courts can change what people are required to pay. Chapter 200

### **Competency to Stand Trial (Rule 20.01)**

Civil commitment and competency examinations will be conducted simultaneously for people in jail who are potentially not competent to stand trial when both the person's defense attorney and the prosecuting attorney agree it is appropriate. Also at this time, an attorney will be appointed to defend the person during any subsequent civil commitment proceedings. The goal of this law is to reduce the time people spend in jail. Normally the two examinations are done separately, which can leave a person experiencing serious mental health symptoms in jail for weeks or months before accessing treatment. Chapter 171

### **De-Escalation Training for Working with Veterans in Crisis**

The Peace Officer's Standards and Training (POST) Board will receive a one-time grant of \$50,000 to contract with an agency to develop a training course for community safety personnel about the use of de-escalation strategies for veterans in crisis. Chapter 312

### **Discrimination Cases**

A person bringing a civil law suit for an unfair discriminatory practice (e.g. employment discrimination based on a disability) can now have their case heard by a jury. Previously these cases could only be heard by a judge. Chapter 233

### **Expungement of Criminal Records**

Expungement laws underwent a major overhaul this session. Most importantly, a court may now seal both court records and executive branch records, including records held by the Bureau of

Criminal Apprehension (BCA). Prior to this change, courts did not have jurisdiction to seal BCA records, which account for a large portion of what appears on employment and housing background checks. The law also requires private business screening services to delete expunged records.

Beginning January 1, 2015, a person is potentially eligible to have their record expunged in the following circumstances:

- The person was acquitted of the charges or had the charges dismissed;
- The person received a diversion or stay of adjudication and one year has passed since they completed their sentence during which time the person has not been convicted of a new offense;
- The person was convicted for a petty misdemeanor or misdemeanor and two years have passed since they completed their sentence during which time the person has not been convicted of a new offense;
- The person was convicted for a gross misdemeanor and 4 years have passed since they completed their sentence during which time the person has not been convicted of a new offense; or
- The person was convicted for certain low-level, non-violent felony conviction and 5 years have passed since they completed their sentence during which time the person has not been convicted of a new offense.

All records related to juvenile delinquency can also be expunged. If the case resulted in a conviction, a person must be able to prove that their need to have their record sealed outweighs any public safety concerns. Chapter 246

### **Mental Health Services for Incarcerated Mothers**

The head of each correctional facility in Minnesota is required to ensure that any women who is incarcerated and is either pregnant or has given birth within the past six months has access to a mental health assessment, and if needed, access to evidenced-based mental health treatment, including treatment for postpartum depression. Chapter 234

### **Mental Illness Criminal Justice Workgroup**

The Commissioner of Human Services is required to pull together a working group to address issues regarding people with mental illnesses who are arrested or subject to arrest. The point is to figure out how to get them treatment instead of languishing in the jails and to address barriers to police bringing them to emergency rooms. One idea the group will examine is a facility serving as a central point for accepting, assessing, and addressing their needs as an alternative to bringing them to jail. The group must submit a report back to the legislature in January 2015. The working group will include a number of stakeholders (lawyers, police, judges, mental health professionals and advocates, etc.) and the administrative support for the working group will be provided by NAMI Minnesota. Chapter 312

### **St. Cloud Prison Health Services and Intake Unit Renovation**

\$18 million in bonding money is appropriated to the Department of Administration to design, construct, furnish, and equip a new health services unit and the design of a new intake unit at the St. Cloud men's prison, which serves as the central intake facility for all male offenders coming into the prison system. Chapter 295

## **Early Childhood, Education and Special Education**

### **Adult High School Diploma Programs**

The Department of Education will establish criteria and requirements for adult basic education to provide an adult high school diploma program. They must be rigorous and align to the high school standards. The goal is to make sure that these students are just as prepared as those that graduate with a regular diploma. Chapter 272

### **Area Learning Centers**

Students who have been suspended or expelled or have been truant and qualify under the graduation incentives program will now be referred to instead of assigned to an Area Learning Center (ALC) when school administrators believe it is in the student's best interest.. Chapter 272

### **Bullying Prevention**

This new law dramatically expands Minnesota policies regarding bullying. Each district is to develop a policy to prohibit and prevent bullying. Policies must cover bullying on school premises, at school functions, on the bus, and electronic technology on and off school premises. The policies are required to have specific components such as defining the roles and responsibilities of students and staff, how it's distributed, training, what to do if it's witnessed, procedures to investigate incidents, and how the target and actor will be informed about community resources. If a student is on an IEP or 504 plan the policies must describe how those plans can address how to prevent or respond to bullying. There is a huge focus in the bill about staff having professional development on the topic and how to provide developmentally appropriate programming to build safe and supportive schools.

A School Safety Technical Assistance Center is established to review policies, provide technical assistance, review data and generally help implement the new law. The School Safety Technical Assistance Council is established to help school districts improve school climate and reduce bullying. Members of the council include representatives from human services, schools, public safety, police and the judiciary. Chapter 160

### **Community Transition Committees**

It is now optional for school districts to have a "community transition committee" which look at issues related to transition-age youth with disabilities. If districts do have one, they don't need to meet regularly nor will they need to provide a yearly report to the Commissioner of Education. Chapter 272

### **Continued Enrollment for Students in Foster Care**

If a student is placed in foster care in a different school district than the one they are attending they can continue to attend the same school without approval from either school district. Chapter 272

### **Early Childhood**

The law relating to early childhood family education was updated. They deleted the word "mental" and replaced it with "cognitive and social" in referring to a child's development. The community outreach plan now has to focus on identifying new and underserved populations, identifying child and family risk factors, and assessing the family and parenting education needs

in the community. These programs must make more of an effort to help families obtain a health and developmental screening for their child before the age of three. Chapter 312

### **Multi-tiered System of Early Intervention and Instructional Support**

The Commissioner of Education is to bring together experts and stakeholders to study and develop recommendations regarding early intervention strategies to be used before a child is referred to special education (commonly known as Response to Intervention). The study is for all children, not just special education students. This can also include other strategies such as PBIS, but a lot of the focus will be on how to implement RTI and how to ensure that there is fidelity. Chapter 272

### **Paperwork Reduction**

In an effort to reduce the burden of paperwork on special education teachers, the Department of Education will create an online system for due process reporting and special education data reporting. The department will also create model forms for the IEP, procedural safeguards, and prior written notice. This information – the forms and reports – must also be made available online for parents and others. Chapter 312

### **Prone Restraint**

The legislature appropriated \$250,000 to help school districts reduce the use of prone restraints, especially for those students who have experienced a high use of prone restraints. The annual report to the legislature found that just a few children account for a high percentage of the use of prone restraints pointing to the need for districts to bring in experts to help them figure out how to meet the child's needs. Chapter 312

### **Recovery School Programs**

\$500,000 was appropriated for grants to Recovery School Programs, which provide academic services, assistance with recovery, and continuing care to students recovering from substance use disorder or chemical dependency. Programs are eligible to apply for up to \$125,000 of this funding which can be used to pay for a portion of the costs of support staff such as licensed alcohol and chemical dependency counselors, school counselors, school psychologists, school nurses, and school social workers. Chapter 312

### **Safe Schools Levy**

The safe schools levy was increased for Intermediate School Districts (which did not benefit from the increase during the 2013 Legislative Session and often serve students with the most serious mental illnesses) from \$10 to \$15 per adjusted pupil units. These funds can be used to pay for school support personnel (such as school counselors, school social workers, school nurses, and school psychologists), 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 312

### **Seclusion and Restraints in Schools**

Some changes were made to the seclusion and restraint law. School must include in their plan information on the how they will provide de-escalation training to staff. There will be an annual report, due each February, on progress being made on reducing the use of seclusion and restraints and any policy recommendations. The summary data reported by the department and schools must include the use of reasonable force. Reasonable force can be used by staff to

protect a child or others from harm but there are no training requirements and until now, no reporting requirements. NAMI wanted to make sure that schools didn't simply use reasonable force law to avoid reporting the use of restraints. Chapter 312

### **Special Education Rules**

The special education task force that was convened last year made recommendations for changes to Minnesota rules governing special education. The department must use an expedited rule making process to make the changes contained in the report. None are controversial. Chapter 312

### **UnSession Bill**

There were a number of items deleted or updated in laws related to special education. Individual Interagency Intervention Plans, which have hardly ever been used, were deleted and are now referred to as a standardized written plan. Accompanying funding sources will be listed. The Commissioner of Education instead of the governor will convene the Interagency Committee and there will be one instead of two representatives from the Association of Minnesota Counties. The charge of the committee was changed slightly. The local committees were changed as well so that they can include a group of districts or special ed cooperatives.

Instead of referring to assessment or reassessment for IEPs they will use the words evaluation or reevaluation. References to attendance officers were deleted. The annual cross subsidy report (which is really just how much the local district is paying for special education) is due March 30 instead of January 10<sup>th</sup>. Chapter 272

### **Varsity Sports/Activities for Students with Disabilities Transferring Schools**

The Minnesota State High School League will adopt rules so that a student on an IEP who transfers from one school to another as a reasonable accommodation to reduce barriers to an education will become immediately eligible to participate in varsity competition as other students in the new school. Previously the student would have to wait a year. The League must also adopt guidelines for reviewing the 504 plan of a student who transfers to determine if the student would also be immediately eligible. This came about due to parents of teens with a mental illness who moved to a new school but their move was not viewed as meeting one of the current exceptions under league rules and the student was not allowed to participate in varsity activities. Chapter 272

## **Employment**

### **Extended Employment**

The Extended Employment Program for Persons with Severe Disabilities received \$250,000 in one-time funding from the Workforce Development Fund in order to provide a rate increase for providers. Also, the funding for the Extended Employment for People with Mental Illness can be carried over into the next year. Chapter 312

### **People Licensed by a Health Board**

Each health related licensing board must contract with a health professional's service program to make available a diversion program for health related professionals who are unable to practice due to an illness, including a mental illness or substance use disorder.

### **Sick Leave for Caring for a Grandchild/Stepchild**

Employees who work for companies with 21 or more full-time equivalent employees will be able to use their “sick leave” hours to care for a grandchild, mother-in-law, or father-in-law who is ill. Sick leave can already be used to care for a child (minor or adult), spouse, sibling, parent, grandparent or stepparent who is ill. Chapter 239

## **Health Care**

### **Grants for Uninsured Children**

\$300,000 in funding for 2015 and \$175,000 each year in on-going funding was appropriated to give grants to community mental health centers to provide care to children and young adults under age 21 who are uninsured. The money will be distributed based on the percentage of clients with children under 21 who are uninsured and have income below 275% of poverty. Chapter 312

### **Health Care Disparities**

The Department of Health must develop a plan for stratifying measures base on disability, race, ethnicity, language and other sociodemographic factors that are correlated with health disparities and impact performance on quality measures. Funding was appropriated for health equity grants and some of the funds must be used to address health equity issues in the refugee populations, issues facing East African communities, outreach projects on women’s reproductive health and dementia and a conference on mental health in immigrant and refugee communities. Another section of the law requires the department to look at the laws governing spoken language health care interpreters including their qualifications, how to increase their skills, how to manage complaints and how to provide oversight. Chapter 312

### **Health Care Homes**

A committee will be established to advise the Department of Human Services (DHS) and health on the development of health care homes. Mental health providers will be represented on this committee. Chapter 312

DHS is directed to incorporate strategies and activities in the planning efforts and design of the Minnesota’s health care homes programs that address chronic medical or behavioral health conditions complicated by socioeconomic factors such as race, ethnicity, age, immigration, or language. Chapter 291

### **Hospital Payment Rates**

Payment rates to hospitals were changed. For the mental health community it’s important to note that the Department of Human Services may make adjustments to the rates after considering the impact on eight specific types of care including mental health. Chapter 312

### **Medical Assistance Spend Down Requirements**

The Department of Human Services will review Medical Assistance spend-down requirements and processes for people with disabilities and older adults, including what happens in other states, and develop recommendations to improve the Medical Assistance payment process for recipients and providers. A report is due back to the legislature by February 15, 2015. Because of Medicaid expansion, you have people who qualified for MA due to their disability but they still

have to spend down their income to the poverty line instead of the new MA expansion income limit. Chapter 312

### **Non-Emergency Medical Transportation (NEMT)**

Changes were made this year to address the issues raised in the Legislative Auditor's report on NEMT. Because no additional funding was appropriated, not all of the changes could go into effect right away. There will be a move to a single administrative structure, for all fee for service Medical Assistance, where one entity (the counties) will be responsible for both special transportation (for those with disabilities) and regular transportation. This will go into effect once a web-based system is established. The new web-based system will operate 24/7 and will handle the enrollee assessment process, eligibility determination, mode authorization, trip reconciliation and more.

All providers, including taxis but excluding volunteers' cars and personal vehicles, must meet the standards required by the MN Department of Transportation. For the next year, those vehicles can ask for a waiver to meet those standards. The plan is to come back next year knowing how many applied for a waiver and set up a fee schedule to cover the costs of certifying the vehicles.

To reduce fraud, clients will have to sign trip logs stating that they did go to a medical provider. To determine the level of service a person needs, the agency will use the new process established by the advisory committee. New levels will go into effect once the web-based system is established that will eliminate the special transportation category and include client reimbursement, volunteer transport, unassisted transport, assisted transport, lift-equipped/ramp transport, protected transport, and stretcher transport.

The advisory committee was expanded to include another person from a county, hospital association and from the ambulance association.

Most importantly for the mental health community a new mode of transportation was adopted – protected transport. This will be able to be used once money is appropriated (hopefully next year) and will be a safe and dignified way to transport people with mental illness who may be in crisis. The decision to use it will be made by a mental health professional or crisis team member. This will be an alternative to using police or ambulance. There are some additional standards such as video cameras, special training and a divider between the driver and passenger.

Chapter 312

### **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 reduced by 10%. Chapter 312

### **Waiting Lists**

The Department of Human Services is required to identify the number of people on waiting lists (as of October 1, 2014) for any programs and services the department oversees and provide an estimate of the cost of serving everyone on those waiting lists. Chapter 312

## **Workforce**

A health care workforce commission is established to put together a report and recommendations on workforce shortages in the health care field, especially primary care. Chapter 312

## **Housing/Homelessness**

### **Affordable/Supportive Housing**

\$80 million in housing infrastructure bonds is appropriated to the Minnesota Housing Finance Agency for the construction of new affordable housing units, including supportive housing. This is expected to result in several thousand new affordable housing units throughout Minnesota. Chapter 295

### **Dorothy Day Center**

\$6 million in bonding money is appropriated for the redesign of the Dorothy Day Center in St. Paul. These funds are specifically for the emergency shelter and connection center portions of Dorothy Day Center “ReVision” project, which will also include housing and other services. Chapter 294

### **Expungement of Eviction Records**

If a court rules in favor of a defendant in an eviction proceeding, the court can expunge the person’s record related to those proceedings. Chapter 246

### **Families of Children with Disabilities Facing Eviction**

\$500,000 is now available to provide homeownership opportunities for families who have been evicted or been given notice of an eviction due to a having a child with a disability in the home. These funds are available until October 31, 2014. Chapter 312

### **Homeless Youth**

Funding for the Homeless Youth Act grant program was increased by \$1 million per year. The program awards 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. Chapter 312

### **Rehabilitation of Public Housing**

\$20 million in bonding money is appropriated to the Minnesota Housing Finance Agency to fund the rehabilitation and preservation of public housing units. Chapter 294

## **Human Services**

### **Asset/Income Standards for Public Assistance Programs**

By 2016 there will be uniform and simplified procedures for determining and verifying eligibility for several human services programs including General Assistance (GA), Minnesota Supplemental Aid (MSA), Group Residential Housing (GRH), and the Minnesota Family Investment Program (MFIP). The asset limit for all programs will also now be \$10,000, not including one vehicle for each eligible member of the household who is 16 or older. Chapter 312

### **Autism Spectrum Disorders**

The various departments involved are required to implement the recommendations of the Autism Spectrum Disorders Task Force within existing appropriations. They also must submit progress reports and provide opportunities for people to have input on the implementation of the plan. For the diagnosis needed in order to access the Autism benefit under Medical Assistance, it can now be completed by a physician/advance practice nurse or a mental health professional instead of an assessment from both. Once the early intensive benefit is approved, the Department of Human Services must provide statewide training on the new benefit targeting culturally diverse communities. There must also be training for providers on culturally appropriate practices. The state will develop an interagency website outlining resources for these families. \$2.5 million was appropriated for respite care for families who have a child or an adult with Autism. Chapter 291 and Chapter 312

### **Centers for Independent Living**

The Minnesota Centers for Independent Living will receive a one-time grant increase of \$450,000. Chapter 312

### **Community First Services and Supports**

Some changes were made to the law governing this program. For example, a reassessment can take place at the request of the recipient. There has to be a plan for training the workers and there are limits on the number of hours workers can be reimbursed for. Chapter 312

### **Home and Community-Based Settings**

The Department of Human Services must develop a transition plan to comply with the Federal Centers for Medicare and Medicaid Services' new regulations defining home and community-based settings. Chapter 312

### **Home Care and Waiver Licenses**

During the next year the department of health will provide technical assistance to help home care providers meet the waiver standards and thus hold an integrated license. Chapter 312

### **Ombudsman for Mental Health and Developmental Disabilities**

Funding for the office of the Ombudsman for Mental Health and Developmental Disabilities was increased by \$150,000 per year.

### **Rate Increases**

A 5% rate increase was passed for waived services (including the CADI waiver), nursing and home health services, personal care services, private duty nursing, community first services and supports, essential community supports for older adults, day training and habilitation, alternative care services, deaf and hard of hearing grants for people with mental illnesses, and a number of other grants affecting people with disabilities (but not other mental health grants). Chapter 312

### **State Medicaid Plan Amendment**

When the Department of Human Services submits a waiver request or a change to the state Medicaid plan, it must first publish the request, including a summary of the request and why it's needed, on the website and provide a 30-day comment period. The Department of Human Services must take into account the comments before submitting the final amendment. Once it's

approved, that information must be posted on the website including pointing out any changes that were made during the negotiations with the federal government. Chapter 312

### **Waiver Services Provider Standards (245D)**

Changes were made to the standards governing home and community based waivers. Many were technical in nature. The training requirements, for example, include a long list for providers including personal hygiene. The change would only require those topics outlined in the person's plan. In addition, the education and training has to be related to the person's primary disability. If someone has a mental illness, staff must review and receive instruction on mental health crisis response, de-escalation techniques, and suicide intervention. Child foster care programs providing respite care cannot use seclusion or restraints. A distinction was made between time out and seclusion. There is a more descriptive list of procedures that cannot be used, including prone restraint. In addition to the word "behavior" we were able to add the word "symptoms." The service outcomes were expanded beyond acquiring, retaining and improving skills to include a person's physical, mental and emotional health and well-being. Chapter 291, Chapter 312

## **Mental Health**

### **County Contracts w/Mental Health Providers**

Counties must prepare a transition plan that provides for continuity of care in the event they terminated a contract with a community mental health center or a community support program (CSP). The transition plan must provide information to clients on how to access medical records and how to transfer to other providers. Counties will be required to provide at least 90 days' notice of the contract termination to the contracted agency and the Commissioner of Human Services. This was developed in response to the abrupt closure of the Riverwoods Mental Health center in east central Minnesota. Chapter 312

### **Harriet Tubman Center**

\$720,000 in bonding money was appropriated to the city of Maplewood to complete renovation and equip the 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 294

### **Minority Run Health Care Professional Associations**

Minority run health care professional associations are now eligible for grants to provide collaborative mental health services to minority residents, especially in communities with high concentrations of minority residents. They are also to collaborate with recruitment, training and placement of minorities with health care providers. Chapter 291

### **Nursing Facility Level of Care (Waiver Eligibility)**

Changes to the Nursing Facility Level of Care Criteria, which determine eligibility for home and community-based waiver services (including the CADI waiver), have been delayed until January 1, 2015. When the new criteria takes effect, anyone who is determined to no longer be eligible but who would become homeless without the housing they have as the result of a waiver will remain eligible.

The Department of Human Services will also be required to notify people currently receiving waiver services at least 30 days before the criteria changes take effect and include information about how to obtain further information on the changes; how to receive assistance in obtaining other services; a list of community resources; and appeal rights. A person will also be able to continue receiving services while they appeal any changes to their eligibility. Chapter 312

### **Protections for Clients When Mental Health Providers Close**

All licensed providers (except child care) must develop plans for the records of current and former clients in the event the provider closes, including listing who the agency will transfer the records to. The plan must provide for notifying affected clients of the closure at least 25 days prior to closure, including information on how to access their medical records and plans for the transfer of open cases and case records. This was developed in response to the abrupt closure of the Riverwoods Mental Health center in east central Minnesota. Chapter 312

### **Range Mental Health Center**

\$3 million in bonding money was appropriated to St. Louis County to design a new office facility in the city of Virginia that will house, among other things, the Range Mental Health Center. Any funds not used for the design can be used to acquire land or do work on the proposed site. Chapter 294

### **State Operated Services**

Over \$10 million was appropriated for staffing and pay raises for staff who work at state operated programs. Chapter 312

## **Mental Health Workforce**

### **Advanced Practice Registered Nurses (APRN)**

Changes were made to how APRNs practice, but not the scope of practice. There are four APRN roles (clinical nurse specialist, nurse-midwife, registered nurse anesthetist, and nurse practitioner) and with some exceptions will have autonomous practice and prescriptive authority effective January 1, 2015. The new law sets up a licensure process where nurse practitioners and clinical nurse specialists must have at least 2080 hours of practicing in a collaborative care arrangement with a physician who practices the same specialty. So, for example, a clinical nurse specialist working in mental health would work with a psychiatrist. The big change is that certified clinical nurse specialists in psychiatric and mental health nursing, along with others, will no longer have to have a collaborative agreement with a physician after that, meaning that they can practice independently. Chapter 235

### **Licensed Professional Counselors (LPC)/Licensed Professional Clinical Counselors (LPCC)**

Replaces existing requirements for conversion from licensed professional counselor to licensed professional clinical counselor by clarifying coursework requirements, passing national exams, supervisory hours, etc. Chapter 291

## **Substance Use Disorders**

### **Community Addiction Recovery Enterprise**

This state operated program was given additional funding of \$2 million plus transfers from the consolidated fund and enterprise fund of an additional \$6 million. Chapter 312

### **Culturally Specific Substance Use Treatment Programs**

“Culturally specific” substance use treatment programs are now defined in state law as a program that improves outcomes for a specific population by eliminating health disparities and providing services responsive to an individual within a specific population’s values, beliefs, and practices. Programs that meet this definition can receive enhanced payment rates. Chapter 291

### **Detox Services**

The Department of Human Services will develop a plan for making detoxification services a covered benefit under Medical Assistance. The plan is due to the legislature by December 15, 2014. Chapter 312

### **Drug Overdose Prevention**

A licensed physician, advanced practice registered nurse, or physician assistant can authorize certain people who are not health care professionals such as emergency medical responders, police officers, or staff from community-based social service programs to administer medications to treat people who are overdosing on opiates. A person making a good faith effort to help another person who is experiencing a drug overdose get needed medical care would be immune from prosecution for drug use or possession. Chapter 232

### **Highly Specialized Providers**

The Department of Human Services must seek federal approval to develop a separate payment methodology for chemical dependency treatment provided under the consolidated fund that are operated by state operated services or for people who have been committed to the commissioner and have extremely complex and difficult needs.

### **Synthetic Drugs**

Allows the Board of Pharmacy to react quickly to regulate new synthetic drugs on the market when those drugs produce a “high.” Money was appropriated - \$163,000 – to conduct an educational awareness campaign about the dangers of synthetic drugs.

## **Veterans**

### **Housing**

The Minnesota Housing Finance Agency was given \$250,000 to conduct housing needs assessments for veterans. Government agencies or nonprofits can apply for the \$50,000 grants to assess the need for scattered site housing for veterans who are homeless or in danger of being homeless and for veterans who are aging or have a disability. Chapter 312

## Other

### **Advisory Councils**

The Drug Formulary Committee, the Alcohol and Other Drug Abuse Advisory Council, and the American Indian Child Welfare Advisory Council are continued until June 30, 2018. Chapter 286, Chapter 291

### **Grave Markers and Memorials for Deceased Residents of State Institutions**

\$195,000 in bonding money is appropriated to Advocating Change Together to restore grave sites and provide headstones for deceased former residents of state hospitals and regional treatment centers. Chapter 294

### **Olmstead Implementation Office**

Funding was appropriated (\$500,000 in FY 2015 and \$875,000 per year on-going) for establishing and operating the interagency Olmstead Implementation Office (OIO). The OIO will be responsible for overseeing and implementing the state's Olmstead plan which seeks to ensure that people with disabilities in Minnesota, including people living with mental illnesses, have the ability to live, work, and access the services they need in the most integrated settings possible. Chapter 312

### **Online Voter Registration**

People can now register to vote online at the Minnesota Secretary of State's website. Chapter 185

### **Vulnerable Adult Reports**

Information regarding the number and type of licensed facility maltreatment reports will now be posted to the website. Every two years the departments of human services and health will issue a joint report to the legislature and governor containing information on the number and type of reports, trends, efforts undertaken to improve the protection of vulnerable adults, backlog issues, etc. Chapter 192

June 7, 2014

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