

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 270

(SENATE AUTHORS: SHERAN, Lourey, Dibble, Hoffman and Clausen)

DATE	D-PG	OFFICIAL STATUS
02/04/2013	146	Introduction and first reading Referred to Health, Human Services and Housing
02/14/2013	227	Comm report: To pass and re-referred to Finance

A bill for an act

1.1 relating to human services; providing an exception to the drug formulary;
 1.2 extending case management services for young adults with severe emotional
 1.3 disturbance; appropriating money for various mental health services and training;
 1.4 amending Minnesota Statutes 2012, sections 62Q.527, subdivision 4; 245.4881,
 1.5 subdivision 1.
 1.6

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2012, section 62Q.527, subdivision 4, is amended to read:

1.9 Subd. 4. **Exception to formulary.** A health plan company must promptly grant an
 1.10 exception to the health plan's drug formulary for an enrollee when the health care provider
 1.11 prescribing the drug indicates to the health plan company that:

1.12 (1) the formulary drug causes an adverse reaction in the patient;

1.13 (2) the formulary drug is contraindicated for the patient; ~~or~~

1.14 (3) the health care provider demonstrates to the health plan that the prescription drug
 1.15 must be dispensed as written to provide maximum medical benefit to the patient; or

1.16 (4) the patient is experiencing a first or second psychotic episode and the prescribed
 1.17 drug is included in research-based protocols on treating first episodes.

1.18 Sec. 2. Minnesota Statutes 2012, section 245.4881, subdivision 1, is amended to read:

1.19 Subdivision 1. **Availability of case management services.** (a) The county board
 1.20 shall provide case management services for each child with severe emotional disturbance
 1.21 who is a resident of the county and the child's family who request or consent to the
 1.22 services. Case management services ~~may be continued~~ must continue to be provided
 1.23 for a child with a serious emotional disturbance who is over the age of 18 consistent
 1.24 with section 245.4875, subdivision 8, if requested by the child or child's family. Before

2.1 discontinuing case management services under this subdivision, a transition plan must
2.2 be developed prior to the child's 18th or the young adult's 26th birthday. The transition
2.3 plan must be developed by the child or young adult, and with the child or young adult's
2.4 consent, the parent, guardian, or legal representative of the child or young adult. Staffing
2.5 ratios must be sufficient to serve the needs of the clients. The case manager must meet the
2.6 requirements in section 245.4871, subdivision 4.

2.7 (b) Except as permitted by law and the commissioner under demonstration projects,
2.8 case management services provided to children with severe emotional disturbance eligible
2.9 for medical assistance must be billed to the medical assistance program under sections
2.10 256B.02, subdivision 8, and 256B.0625.

2.11 (c) Case management services are eligible for reimbursement under the medical
2.12 assistance program. Costs of mentoring, supervision, and continuing education may be
2.13 included in the reimbursement rate methodology used for case management services under
2.14 the medical assistance program.

2.15 Sec. 3. **APPROPRIATIONS.**

2.16 Subdivision 1. **Parent support outreach program.** \$..... is appropriated from
2.17 the general fund in fiscal year 2014 for the biennium ending June 30, 2015, to the
2.18 commissioner of human services to expand statewide the parent support outreach pilot
2.19 program which provides an early intervention response approach to serve families with
2.20 significant child maltreatment risk factors.

2.21 Subd. 2. **Treatment for adolescent and young adult first psychotic episode.**
2.22 \$..... is appropriated from the general fund in fiscal year 2014, for the biennium ending
2.23 June 30, 2015, to the commissioner of human services to fund special projects to provide
2.24 intensive treatment and supports to adolescents and young adults experiencing their first
2.25 psychotic symptoms or first psychotic episode. Intensive treatments and supports may
2.26 include medication management, psychoeducation for the individual and family, care
2.27 coordination, employment supports, higher education supports, cognitive behavioral
2.28 approaches, peer support groups, social skills training, crisis planning, stress management,
2.29 and supportive housing.

2.30 Subd. 3. **Training for mental health professionals on early psychosis.** \$..... is
2.31 appropriated from the general fund in fiscal year 2014, for the biennium ending June 30,
2.32 2015, to the commissioner of human services to provide training and guidance to mental
2.33 health and health care professionals on early psychosis, screening tools, and best practices.

3.1 Subd. 4. **School-linked mental health services.** \$10,000,000 for the biennium
3.2 ending June 30, 2015, is appropriated from the general fund to the commissioner of
3.3 human services.

3.4 (a) \$..... is for children's school-linked mental health services, two FTEs in the
3.5 children's Mental Health Division, and consultation services to certain school districts.
3.6 At least 25 percent of the new funding must be targeted to providers that can serve
3.7 schools with the highest percentage of special education students in the EBD category,
3.8 high poverty, or high use of prone restraints. The commissioner must distribute grants to
3.9 rural and urban counties. The commissioner shall require grantees to utilize all available
3.10 third-party reimbursement sources before using state grant funds.

3.11 (b) \$..... is for two FTEs hired in the children's Mental Health Division to manage
3.12 the grants.

3.13 (c) \$..... is for the commissioner to provide consultation to school districts that do
3.14 not have school-linked mental health services grants and that want to collaborate with a
3.15 community mental health provider.