

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-EIGHTH LEGISLATURE**

**S.F. No. 264**

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DATE	D-PG	OFFICIAL STATUS
02/04/2013	145	Introduction and first reading Referred to Health, Human Services and Housing
02/14/2013	225a	Comm report: To pass as amended and re-refer to Finance

A bill for an act

relating to human services; requiring an electronic survey of providers of pediatric services and children's mental health services; establishing new mental health services covered under medical assistance; amending Minnesota Statutes 2012, sections 256B.02, subdivision 12; 256B.0625, subdivision 56, by adding subdivisions; 256B.0943, subdivisions 1, 2; proposing coding for new law in Minnesota Statutes, chapter 256B.

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

Section 1. Minnesota Statutes 2012, section 256B.02, subdivision 12, is amended to read:

Subd. 12. **Third-party payer.** "Third-party payer" means a person, entity, or agency or government program that has a probable obligation to pay all or part of the costs of a medical assistance recipient's health services. Third-party payer includes an entity under contract with the recipient to cover all or part of the recipient's medical costs. Third-party payer does not include a school district for costs for clinical mental health care.

Sec. 2. **[256B.0616] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST.**

Subdivision 1. **Scope.** Medical assistance covers mental health certified family peer specialists services, as established in subdivision 2, subject to federal approval, if provided to recipients who have an emotional disturbance or severe emotional disturbance under chapter 245, and are provided by a certified family peer specialist who has completed the training under subdivision 5. A family peer specialist cannot provide services to the peer specialist's family.

2.1 Subd. 2. **Establishment.** The commissioner of human services shall establish a  
 2.2 certified family peer specialists program model which:

2.3 (1) provides nonclinical family peer support counseling, building on the strengths  
 2.4 of families and helping them achieve desired outcomes;

2.5 (2) collaborates with others providing care or support to the family;

2.6 (3) provides nonadversarial advocacy;

2.7 (4) promotes the individual family culture in the treatment milieu;

2.8 (5) links parents to other parents in the community;

2.9 (6) offers support and encouragement;

2.10 (7) assists parents in developing coping mechanisms and problem-solving skills;

2.11 (8) promotes resiliency, self-advocacy, development of natural supports, and  
 2.12 maintenance of skills learned in other support services;

2.13 (9) establishes and provides peer led parent support groups; and

2.14 (10) increases the child's ability to function better within the child's home, school,  
 2.15 and community by educating parents on community resources, assisting with problem  
 2.16 solving, and educating parents on mental illnesses.

2.17 Subd. 3. **Eligibility.** Family peer support services may be located in inpatient  
 2.18 hospitalization, partial hospitalization, residential treatment, treatment foster care, day  
 2.19 treatment, children's therapeutic services and supports, or crisis services.

2.20 Subd. 4. **Peer support specialist program providers.** The commissioner shall  
 2.21 develop a process to certify family peer support specialist programs, in accordance with  
 2.22 the federal guidelines, in order for the program to bill for reimbursable services. Family  
 2.23 peer support programs must operate within an existing mental health community provider  
 2.24 or center.

2.25 Subd. 5. **Certified family peer specialist training and certification.** The  
 2.26 commissioner shall develop a training and certification process for certified family peer  
 2.27 specialists who must be at least 21 years of age and have a high school diploma or its  
 2.28 equivalent. The candidates must have raised or are currently raising a child with a mental  
 2.29 illness, have had experience navigating the children's mental health system, and must  
 2.30 demonstrate leadership and advocacy skills and a strong dedication to family-driven and  
 2.31 family-focused services. The training curriculum must teach participating family peer  
 2.32 specialists specific skills relevant to providing peer support to other parents. In addition  
 2.33 to initial training and certification, the commissioner shall develop ongoing continuing  
 2.34 educational workshops on pertinent issues related to family peer support counseling.

2.35 Sec. 3. Minnesota Statutes 2012, section 256B.0625, subdivision 56, is amended to read:

3.1 Subd. 56. **Medical service coordination.** (a)(1) Medical assistance covers in-reach  
3.2 community-based service coordination that is performed through a hospital emergency  
3.3 department as an eligible procedure under a state healthcare program for a frequent user.  
3.4 A frequent user is defined as an individual who has frequented the hospital emergency  
3.5 department for services three or more times in the previous four consecutive months.  
3.6 In-reach community-based service coordination includes navigating services to address a  
3.7 client's mental health, chemical health, social, economic, and housing needs, or any other  
3.8 activity targeted at reducing the incidence of emergency room and other nonmedically  
3.9 necessary health care utilization.

3.10 (2) Medical assistance covers in-reach community-based service coordination that  
3.11 is performed through a hospital emergency department or inpatient psychiatric unit,  
3.12 residential treatment center, community mental health center, children's therapeutic  
3.13 services and supports provider, or juvenile justice facility as an eligible service for a child  
3.14 or young adult up to age 26 with a serious emotional disturbance.

3.15 (b) Reimbursement must be made in 15-minute increments and allowed for up to 60  
3.16 days posthospital discharge based upon the specific identified emergency department visit  
3.17 or inpatient admitting event. In-reach community-based service coordination shall seek to  
3.18 connect frequent users with existing covered services available to them, including, but not  
3.19 limited to, targeted case management, waiver case management, or care coordination in a  
3.20 health care home. For children and young adults with a serious emotional disturbance,  
3.21 in-reach community-based service coordination shall seek to connect them with existing  
3.22 covered services, including targeted case management, waiver case management, care  
3.23 coordination in a health care home, children's therapeutic services and supports, crisis  
3.24 services, and respite care. Eligible in-reach service coordinators must hold a minimum  
3.25 of a bachelor's degree in social work, public health, corrections, or a related field. The  
3.26 commissioner shall submit any necessary application for waivers to the Centers for  
3.27 Medicare and Medicaid Services to implement this subdivision.

3.28 (c) For the purposes of this subdivision, "in-reach community-based service  
3.29 coordination" means the practice of a community-based worker with training, knowledge,  
3.30 skills, and ability to access a continuum of services, including housing, transportation,  
3.31 chemical and mental health treatment, employment, education, and peer support services,  
3.32 by working with an organization's staff to transition an individual back into the individual's  
3.33 living environment. In-reach community-based service coordination includes working  
3.34 with the individual during their discharge and for up to a defined amount of time in the  
3.35 individual's living environment, reducing the individual's need for readmittance.

4.1 Sec. 4. Minnesota Statutes 2012, section 256B.0625, is amended by adding a  
4.2 subdivision to read:

4.3 Subd. 61. **Family psychoeducation services.** Effective July 1, 2013, and subject to  
4.4 federal approval, medical assistance covers family psychoeducation services provided  
4.5 to or on behalf of a child up to age 21 with a diagnosed mental health condition when  
4.6 identified in the child's individual treatment plan and provided by a licensed mental health  
4.7 professional, as defined in Minnesota Rules, part 9505.0371, subpart 5, item A, or a  
4.8 clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C, who  
4.9 has determined it medically necessary to involve family members in the child's care. For  
4.10 the purposes of this subdivision, "family psychoeducation services" means information  
4.11 or demonstration provided to an individual or family as part of an individual, family,  
4.12 multifamily group, or peer group session to explain, educate, and support the child and  
4.13 family in understanding a child's symptoms of mental illness, the impact on the child's  
4.14 development, and needed components of treatment and skill development so that the  
4.15 individual, family, or group can help the child to prevent relapse, prevent the acquisition  
4.16 of comorbid disorders, and to achieve optimal mental health and long-term resilience.

4.17 Sec. 5. Minnesota Statutes 2012, section 256B.0625, is amended by adding a  
4.18 subdivision to read:

4.19 Subd. 62. **Mental health clinical care consultation.** Effective July 1, 2013,  
4.20 and subject to federal approval, medical assistance covers clinical care consultation for  
4.21 a person up to age 21 who is diagnosed with a complex mental health condition or a  
4.22 mental health condition that co-occurs with other complex and chronic conditions, when  
4.23 described in the person's individual treatment plan and provided by a licensed mental  
4.24 health professional, as defined in Minnesota Rules, part 9505.0371, subpart 5, item A. For  
4.25 the purposes of this subdivision, "clinical care consultation" means communication from a  
4.26 treating mental health professional to other providers not under the clinical supervision of  
4.27 the treating mental health professional who are working with the same client to inform,  
4.28 inquire, and instruct regarding the client's symptoms, strategies for effective engagement,  
4.29 care and intervention needs, and treatment expectations across service settings; and to  
4.30 direct and coordinate clinical services components provided to the client and family.

4.31 Sec. 6. Minnesota Statutes 2012, section 256B.0943, subdivision 1, is amended to read:

4.32 Subdivision 1. **Definitions.** For purposes of this section, the following terms have  
4.33 the meanings given them.

5.1 (a) "Assessment" includes the provision of commissioner-approved assessment  
5.2 tools and completion of a functional assessment under Minnesota Rules, part 9520.0902,  
5.3 subpart 21.

5.4 (b) "Care coordination" means contact with other professionals, educators, and  
5.5 caregivers of the client in person or by telephone to facilitate continuity and consistency in  
5.6 support of the client and the treatment plan, screening to determine client suitability for  
5.7 treatment, and development and updating of the treatment plan.

5.8 (a) (c) "Children's therapeutic services and supports" means the flexible package  
5.9 of mental health services for children who require varying therapeutic and rehabilitative  
5.10 levels of intervention. The services are time-limited interventions that are delivered using  
5.11 various treatment modalities and combinations of services designed to reach treatment  
5.12 outcomes identified in the individual treatment plan.

5.13 (b) (d) "Clinical supervision" means the overall responsibility of the mental health  
5.14 professional for the control and direction of individualized treatment planning, service  
5.15 delivery, and treatment review for each client. A mental health professional who is an  
5.16 enrolled Minnesota health care program provider accepts full professional responsibility  
5.17 for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work,  
5.18 and oversees or directs the supervisee's work.

5.19 (e) (e) "County board" means the county board of commissioners or board  
5.20 established under sections 402.01 to 402.10 or 471.59.

5.21 (d) (f) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a.

5.22 (e) (g) "Culturally competent provider" means a provider who understands and  
5.23 can utilize to a client's benefit the client's culture when providing services to the client.  
5.24 A provider may be culturally competent because the provider is of the same cultural or  
5.25 ethnic group as the client or the provider has developed the knowledge and skills through  
5.26 training and experience to provide services to culturally diverse clients.

5.27 (f) (h) "Day treatment program" for children means a site-based structured program  
5.28 consisting of group psychotherapy for more than three individuals and other intensive  
5.29 therapeutic services provided by a multidisciplinary team, under the clinical supervision  
5.30 of a mental health professional.

5.31 (g) (i) "Diagnostic assessment" has the meaning given in section 245.4871,  
5.32 subdivision 11.

5.33 (h) (j) "Direct service time" means the time that a mental health professional, mental  
5.34 health practitioner, or mental health behavioral aide spends face-to-face with a client  
5.35 and the client's family. Direct service time includes time in which the provider obtains  
5.36 a client's history or provides service components of children's therapeutic services and

6.1 supports. Direct service time does not include time doing work before and after providing  
6.2 direct services, including scheduling, maintaining clinical records, consulting with others  
6.3 about the client's mental health status, preparing reports, receiving clinical supervision,  
6.4 and revising the client's individual treatment plan.

6.5 ~~(k)~~ (k) "Direction of mental health behavioral aide" means the activities of a mental  
6.6 health professional or mental health practitioner in guiding the mental health behavioral  
6.7 aide in providing services to a client. The direction of a mental health behavioral aide  
6.8 must be based on the client's individualized treatment plan and meet the requirements in  
6.9 subdivision 6, paragraph (b), clause (5).

6.10 ~~(l)~~ (l) "Emotional disturbance" has the meaning given in section 245.4871,  
6.11 subdivision 15. For persons at least age 18 but under age 21, mental illness has the  
6.12 meaning given in section 245.462, subdivision 20, paragraph (a).

6.13 ~~(m)~~ (m) "Individual behavioral plan" means a plan of intervention, treatment, and  
6.14 services for a child written by a mental health professional or mental health practitioner,  
6.15 under the clinical supervision of a mental health professional, to guide the work of the  
6.16 mental health behavioral aide.

6.17 ~~(n)~~ (n) "Individual treatment plan" has the meaning given in section 245.4871,  
6.18 subdivision 21.

6.19 ~~(o)~~ (o) "Mental health behavioral aide services" means medically necessary  
6.20 one-on-one activities performed by a trained paraprofessional to assist a child retain  
6.21 or generalize psychosocial skills as taught by a mental health professional or mental  
6.22 health practitioner and as described in the child's individual treatment plan and individual  
6.23 behavior plan. Activities involve working directly with the child or child's family as  
6.24 provided in subdivision 9, paragraph (b), clause (4).

6.25 ~~(p)~~ (p) "Mental health professional" means an individual as defined in section  
6.26 245.4871, subdivision 27, clauses (1) to (6), or tribal vendor as defined in section 256B.02,  
6.27 subdivision 7, paragraph (b).

6.28 ~~(q)~~ (q) "Preschool program" means a day program licensed under Minnesota Rules,  
6.29 parts 9503.0005 to 9503.0175, and enrolled as a children's therapeutic services and  
6.30 supports provider to provide a structured treatment program to a child who is at least 33  
6.31 months old but who has not yet attended the first day of kindergarten.

6.32 ~~(r)~~ (r) "Skills training" means individual, family, or group training, delivered  
6.33 by or under the direction of a mental health professional, designed to facilitate the  
6.34 acquisition of psychosocial skills that are medically necessary to rehabilitate the child  
6.35 to an age-appropriate developmental trajectory heretofore disrupted by a psychiatric  
6.36 illness or to self-monitor, compensate for, cope with, counteract, or replace skills deficits

7.1 or maladaptive skills acquired over the course of a psychiatric illness. Skills training  
7.2 is subject to the following requirements:

7.3 (1) a mental health professional or a mental health practitioner must provide skills  
7.4 training;

7.5 (2) the child must always be present during skills training; however, a brief absence  
7.6 of the child for no more than ten percent of the session unit may be allowed to redirect or  
7.7 instruct family members;

7.8 (3) skills training delivered to children or their families must be targeted to the  
7.9 specific deficits or maladaptations of the child's mental health disorder and must be  
7.10 prescribed in the child's individual treatment plan;

7.11 (4) skills training delivered to the child's family must teach skills needed by parents  
7.12 to enhance the child's skill development and to help the child use in daily life the skills  
7.13 previously taught by a mental health professional or mental health practitioner and to  
7.14 develop or maintain a home environment that supports the child's progressive use skills;

7.15 (5) group skills training may be provided to multiple recipients who, because of the  
7.16 nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from  
7.17 interaction in a group setting, which must be staffed as follows:

7.18 (i) one mental health professional or one mental health practitioner under supervision  
7.19 of a licensed mental health professional must work with a group of four to eight clients; or

7.20 (ii) two mental health professionals or two mental health practitioners under  
7.21 supervision of a licensed mental health professional, or one professional plus one  
7.22 practitioner must work with a group of nine to 12 clients.

7.23 Sec. 7. Minnesota Statutes 2012, section 256B.0943, subdivision 2, is amended to read:

7.24 Subd. 2. **Covered service components of children's therapeutic services and**  
7.25 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary  
7.26 children's therapeutic services and supports as defined in this section that an eligible  
7.27 provider entity certified under subdivision 4 provides to a client eligible under subdivision  
7.28 3.

7.29 (b) The service components of children's therapeutic services and supports are:

7.30 (1) individual, family, and group psychotherapy;

7.31 (2) individual, family, or group skills training provided by a mental health  
7.32 professional or mental health practitioner;

7.33 (3) crisis assistance;

7.34 (4) mental health behavioral aide services; ~~and~~

7.35 (5) direction of a mental health behavioral aide; ~~;~~

- 8.1 (6) care coordination provided by a mental health professional or mental health  
8.2 practitioner;
- 8.3 (7) assessment provided by a mental health professional or mental health practitioner;
- 8.4 (8) clinical care consultation provided by a mental health professional under section  
8.5 256B.0625, subdivision 62; and
- 8.6 (9) family psychoeducation under section 256B.0625, subdivision 61.
- 8.7 (c) Service components in paragraph (b) may be combined to constitute therapeutic  
8.8 programs, including day treatment programs and therapeutic preschool programs.

8.9 **Sec. 8. PILOT PROVIDER INPUT SURVEY.**

8.10 (a) To assess the efficiency and other operational issues in the management of the  
8.11 health care delivery system, the commissioner of human services shall initiate a provider  
8.12 survey. The pilot survey shall consist of an electronic survey of providers of pediatric  
8.13 services and children's mental health services to identify and measure issues that arise in  
8.14 dealing with the management of medical assistance. To the maximum degree possible,  
8.15 existing technology shall be used and interns sought to analyze the results.

8.16 (b) The survey questions must focus on seven key business functions provided  
8.17 by medical assistance contractors: provider inquiries; provider outreach and education;  
8.18 claims processing; appeals; provider enrollment; medical review; and provider audit and  
8.19 reimbursement. The commissioner must consider the results of the survey in evaluating  
8.20 and renewing managed care and fee-for-service management contracts.

8.21 (c) The commissioner shall report by January 15, 2014, the results of the survey to  
8.22 the chairs of the health and human services policy and finance committees and shall  
8.23 make recommendations on the value of implementing an annual survey with a rotating  
8.24 list of provider groups as a component of the continuous quality improvement system for  
8.25 medical assistance.