

1.1 moves to amend H.F. No. 3199 as follows:

1.2 Page 2, line 3, strike "office" and before "established" insert "organizational unit"

1.3 Page 2, line 5, delete "and is the organizational unit"

1.4 Page 4, line 17, reinstate the stricken language and delete the new language

1.5 Page 4, line 22, reinstate the stricken language

1.6 Page 4, line 23, reinstate the stricken language and delete the new language

1.7 Page 4, line 26, delete the new language

1.8 Page 4, line 31, reinstate the stricken language and delete the new language

1.9 Page 4, lines 33 and 34, delete the new language

1.10 Page 5, line 1, reinstate the stricken language and delete the new language

1.11 Page 5, line 2, delete the new language

1.12 Page 5, lines 4 and 5, reinstate the stricken language

1.13 Page 5, line 6, delete the new language

1.14 Page 5, line 9, reinstate the stricken language and delete the new language

1.15 Page 5, lines 10 to 12, delete the new language

1.16 Page 5, line 15, reinstate the stricken language and delete the new language

1.17 Page 6, after line 2, insert:

1.18 "Section 1. Minnesota Statutes 2014, section 245.462, subdivision 18, is amended to
1.19 read:

1.20 Subd. 18. **Mental health professional.** "Mental health professional" means a
1.21 person providing clinical services in the treatment of mental illness who is qualified in at
1.22 least one of the following ways:

1.23 (1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171
1.24 to 148.285; and:

1.25 (i) who is certified as a clinical specialist or as a nurse practitioner in adult or family
1.26 psychiatric and mental health nursing by a national nurse certification organization; or

2.1 (ii) who has a master's degree in nursing or one of the behavioral sciences or related
2.2 fields from an accredited college or university or its equivalent, with at least 4,000 hours
2.3 of post-master's supervised experience in the delivery of clinical services in the treatment
2.4 of mental illness;

2.5 (2) in clinical social work: a person licensed as an independent clinical social worker
2.6 under chapter 148D, or a person with a master's degree in social work from an accredited
2.7 college or university, with at least 4,000 hours of post-master's supervised experience in
2.8 the delivery of clinical services in the treatment of mental illness;

2.9 (3) in psychology: an individual licensed by the Board of Psychology under sections
2.10 148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis
2.11 and treatment of mental illness;

2.12 (4) in psychiatry: a physician licensed under chapter 147 and certified by the
2.13 American Board of Psychiatry and Neurology or eligible for board certification in
2.14 psychiatry, or an osteopathic physician licensed under chapter 147 and certified by
2.15 the American Osteopathic Board of Neurology and Psychiatry or eligible for board
2.16 certification in psychiatry;

2.17 (5) in marriage and family therapy: the mental health professional must be a
2.18 marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least
2.19 two years of post-master's supervised experience in the delivery of clinical services in
2.20 the treatment of mental illness;

2.21 (6) in licensed professional clinical counseling, the mental health professional
2.22 shall be a licensed professional clinical counselor under section 148B.5301 with at least
2.23 4,000 hours of post-master's supervised experience in the delivery of clinical services in
2.24 the treatment of mental illness; or

2.25 (7) in allied fields: a person with a master's degree from an accredited college or
2.26 university in one of the behavioral sciences or related fields, with at least 4,000 hours of
2.27 post-master's supervised experience in the delivery of clinical services in the treatment of
2.28 mental illness.

2.29 Sec. 2. Minnesota Statutes 2014, section 245.4871, subdivision 27, is amended to read:

2.30 Subd. 27. **Mental health professional.** "Mental health professional" means a
2.31 person providing clinical services in the diagnosis and treatment of children's emotional
2.32 disorders. A mental health professional must have training and experience in working with
2.33 children consistent with the age group to which the mental health professional is assigned.
2.34 A mental health professional must be qualified in at least one of the following ways:

3.1 (1) in psychiatric nursing, the mental health professional must be a registered nurse
3.2 who is licensed under sections 148.171 to 148.285 and who is certified as a clinical
3.3 specialist in child and adolescent psychiatric or mental health nursing by a national nurse
3.4 certification organization or who has a master's degree in nursing or one of the behavioral
3.5 sciences or related fields from an accredited college or university or its equivalent, with
3.6 at least 4,000 hours of post-master's supervised experience in the delivery of clinical
3.7 services in the treatment of mental illness;

3.8 (2) in clinical social work, the mental health professional must be a person licensed
3.9 as an independent clinical social worker under chapter 148D, or a person with a master's
3.10 degree in social work from an accredited college or university, with at least 4,000 hours of
3.11 post-master's supervised experience in the delivery of clinical services in the treatment
3.12 of mental disorders;

3.13 (3) in psychology, the mental health professional must be an individual licensed by
3.14 the board of psychology under sections 148.88 to 148.98 who has stated to the board of
3.15 psychology competencies in the diagnosis and treatment of mental disorders;

3.16 (4) in psychiatry, the mental health professional must be a physician licensed under
3.17 chapter 147 and certified by the American ~~board of psychiatry and neurology~~ Board of
3.18 Psychiatry and Neurology or eligible for board certification in psychiatry or an osteopathic
3.19 physician licensed under chapter 147 and certified by the American Osteopathic Board of
3.20 Neurology and Psychiatry or eligible for board certification in psychiatry;

3.21 (5) in marriage and family therapy, the mental health professional must be a
3.22 marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least
3.23 two years of post-master's supervised experience in the delivery of clinical services in the
3.24 treatment of mental disorders or emotional disturbances;

3.25 (6) in licensed professional clinical counseling, the mental health professional shall
3.26 be a licensed professional clinical counselor under section 148B.5301 with at least 4,000
3.27 hours of post-master's supervised experience in the delivery of clinical services in the
3.28 treatment of mental disorders or emotional disturbances; or

3.29 (7) in allied fields, the mental health professional must be a person with a master's
3.30 degree from an accredited college or university in one of the behavioral sciences or related
3.31 fields, with at least 4,000 hours of post-master's supervised experience in the delivery of
3.32 clinical services in the treatment of emotional disturbances.

3.33 Sec. 3. Minnesota Statutes 2014, section 256B.0615, subdivision 1, is amended to read:

3.34 Subdivision 1. **Scope.** Medical assistance covers mental health certified ~~peers~~
3.35 ~~specialists~~ peer specialist services, as established in subdivision 2, subject to federal

4.1 approval, if provided to recipients who are eligible for services under sections 256B.0622,
 4.2 256B.0623, and 256B.0624 and are provided by a certified peer specialist who has
 4.3 completed the training under subdivision 5.

4.4 Sec. 4. Minnesota Statutes 2014, section 256B.0615, subdivision 2, is amended to read:

4.5 Subd. 2. **Establishment.** The commissioner of human services shall establish a
 4.6 certified peer ~~specialists~~ specialist program model, which:

4.7 (1) provides nonclinical peer support counseling by certified peer specialists;

4.8 (2) provides a part of a wraparound continuum of services in conjunction with
 4.9 other community mental health services;

4.10 (3) is individualized to the consumer; and

4.11 (4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of
 4.12 natural supports, and maintenance of skills learned in other support services."

4.13 Page 6, line 10, delete "3" and insert "2a"

4.14 Page 6, line 11, reinstate the stricken "3," and delete "4"

4.15 Page 9, line 5, delete "specialists" and insert "specialist"

4.16 Page 11, line 31, delete "individualized" and insert "individual"

4.17 Page 18, line 10, delete "individualized" and insert "individual"

4.18 Page 18, line 29, after "certification" insert "or certified by the American Osteopathic
 4.19 Board of Neurology and Psychiatry or eligible for board certification, "

4.20 Page 21, line 19, delete "individualized" and insert "individual"

4.21 Page 33, line 12, after the period, insert "The commissioner shall seek any federal
 4.22 waivers, state plan amendments, requests for new funding, realignment of existing
 4.23 funding, and other authority necessary to implement elements of the reform proposal
 4.24 outlined in this section."

4.25 Page 35, line 35, delete "purposes" and insert "duties"

4.26 Page 36, after line 11, insert:

4.27 "Sec. 3. Minnesota Statutes 2015 Supplement, section 256B.0911, subdivision 3a,
 4.28 is amended to read:

4.29 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment,
 4.30 services planning, or other assistance intended to support community-based living,
 4.31 including persons who need assessment in order to determine waiver or alternative care
 4.32 program eligibility, must be visited by a long-term care consultation team within 20
 4.33 calendar days after the date on which an assessment was requested or recommended.

4.34 Upon statewide implementation of subdivisions 2b, 2c, and 5, this requirement also
 4.35 applies to an assessment of a person requesting personal care assistance services and home

5.1 care nursing. The commissioner shall provide at least a 90-day notice to lead agencies
5.2 prior to the effective date of this requirement. Face-to-face assessments must be conducted
5.3 according to paragraphs (b) to (i).

5.4 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use
5.5 certified assessors to conduct the assessment. For a person with complex health care
5.6 needs, a public health or registered nurse from the team must be consulted.

5.7 (c) The MnCHOICES assessment provided by the commissioner to lead agencies
5.8 must be used to complete a comprehensive, person-centered assessment. The assessment
5.9 must include the health, psychological, functional, environmental, and social needs of the
5.10 individual necessary to develop a community support plan that meets the individual's
5.11 needs and preferences.

5.12 (d) The assessment must be conducted in a face-to-face interview with the person
5.13 being assessed and the person's legal representative, ~~and other individuals as requested by~~
5.14 ~~the person, who can provide information on the needs, strengths, and preferences of the~~
5.15 ~~person necessary to develop a community support plan that ensures the person's health and~~
5.16 ~~safety, but who is not a provider of service or has any financial interest in the provision of~~
5.17 ~~services.~~ At the request of the person, other individuals may participate in the assessment
5.18 to provide information on the needs, strengths, and preferences of the person necessary
5.19 to develop a community support plan that ensures the person's health and safety. Except
5.20 for legal representatives or family members invited by the person, persons participating
5.21 in the assessment may not be a provider of service or have any financial interest in the
5.22 provision of services. For persons who are to be assessed for elderly waiver customized
5.23 living services under section 256B.0915, with the permission of the person being assessed
5.24 or the person's designated or legal representative, the client's current or proposed provider
5.25 of services may submit a copy of the provider's nursing assessment or written report
5.26 outlining its recommendations regarding the client's care needs. The person conducting
5.27 the assessment must notify the provider of the date by which this information is to be
5.28 submitted. This information shall be provided to the person conducting the assessment
5.29 prior to the assessment. For a person who is to be assessed for waiver services under
5.30 section 256B.092 or 256B.49, with the permission of the person being assessed or the
5.31 person's designated legal representative, the person's current provider of services may
5.32 submit a written report outlining recommendations regarding the person's care needs
5.33 prepared by a direct service employee with at least 20 hours of service to that client. The
5.34 person conducting the assessment or reassessment must notify the provider of the date
5.35 by which this information is to be submitted. This information shall be provided to the

6.1 person conducting the assessment and the person or the person's legal representative, and
6.2 must be considered prior to the finalization of the assessment or reassessment.

6.3 (e) The person or the person's legal representative must be provided with a written
6.4 community support plan within 40 calendar days of the assessment visit, regardless
6.5 of whether the individual is eligible for Minnesota health care programs. The written
6.6 community support plan must include:

6.7 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

6.8 (2) the individual's options and choices to meet identified needs, including all
6.9 available options for case management services and providers;

6.10 (3) identification of health and safety risks and how those risks will be addressed,
6.11 including personal risk management strategies;

6.12 (4) referral information; and

6.13 (5) informal caregiver supports, if applicable.

6.14 For a person determined eligible for state plan home care under subdivision 1a,
6.15 paragraph (b), clause (1), the person or person's representative must also receive a copy of
6.16 the home care service plan developed by the certified assessor.

6.17 (f) A person may request assistance in identifying community supports without
6.18 participating in a complete assessment. Upon a request for assistance identifying
6.19 community support, the person must be transferred or referred to long-term care options
6.20 counseling services available under sections 256.975, subdivision 7, and 256.01,
6.21 subdivision 24, for telephone assistance and follow up.

6.22 (g) The person has the right to make the final decision between institutional
6.23 placement and community placement after the recommendations have been provided,
6.24 except as provided in section 256.975, subdivision 7a, paragraph (d).

6.25 (h) The lead agency must give the person receiving assessment or support planning,
6.26 or the person's legal representative, materials, and forms supplied by the commissioner
6.27 containing the following information:

6.28 (1) written recommendations for community-based services and consumer-directed
6.29 options;

6.30 (2) documentation that the most cost-effective alternatives available were offered to
6.31 the individual. For purposes of this clause, "cost-effective" means community services and
6.32 living arrangements that cost the same as or less than institutional care. For an individual
6.33 found to meet eligibility criteria for home and community-based service programs under
6.34 section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally
6.35 approved waiver plan for each program;

7.1 (3) the need for and purpose of preadmission screening conducted by long-term care
7.2 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
7.3 nursing facility placement. If the individual selects nursing facility placement, the lead
7.4 agency shall forward information needed to complete the level of care determinations and
7.5 screening for developmental disability and mental illness collected during the assessment
7.6 to the long-term care options counselor using forms provided by the commissioner;

7.7 (4) the role of long-term care consultation assessment and support planning in
7.8 eligibility determination for waiver and alternative care programs, and state plan home
7.9 care, case management, and other services as defined in subdivision 1a, paragraphs (a),
7.10 clause (6), and (b);

7.11 (5) information about Minnesota health care programs;

7.12 (6) the person's freedom to accept or reject the recommendations of the team;

7.13 (7) the person's right to confidentiality under the Minnesota Government Data
7.14 Practices Act, chapter 13;

7.15 (8) the certified assessor's decision regarding the person's need for institutional
7.16 level of care as determined under criteria established in subdivision 4e and the certified
7.17 assessor's decision regarding eligibility for all services and programs as defined in
7.18 subdivision 1a, paragraphs (a), clause (6), and (b); and

7.19 (9) the person's right to appeal the certified assessor's decision regarding eligibility
7.20 for all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7),
7.21 and (8), and (b), and incorporating the decision regarding the need for institutional level of
7.22 care or the lead agency's final decisions regarding public programs eligibility according to
7.23 section 256.045, subdivision 3.

7.24 (i) Face-to-face assessment completed as part of eligibility determination for the
7.25 alternative care, elderly waiver, community access for disability inclusion, community
7.26 alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915,
7.27 and 256B.49 is valid to establish service eligibility for no more than 60 calendar days
7.28 after the date of assessment.

7.29 (j) The effective eligibility start date for programs in paragraph (i) can never be prior
7.30 to the date of assessment. If an assessment was completed more than 60 days before
7.31 the effective waiver or alternative care program eligibility start date, assessment and
7.32 support plan information must be updated and documented in the department's Medicaid
7.33 Management Information System (MMIS). Notwithstanding retroactive medical assistance
7.34 coverage of state plan services, the effective date of eligibility for programs included in
7.35 paragraph (i) cannot be prior to the date the most recent updated assessment is completed."

7.36 Page 37, line 34, delete everything after "disparity"

- 8.1 Page 38, line 1, delete everything before "for"
- 8.2 Page 38, line 2, after the period, insert "The council will make recommendations on
- 8.3 performance disparities, and the commissioner will make the final determination."
- 8.4 Page 38, strike lines 3 to 5
- 8.5 Page 41, line 7, delete "legislative"and insert "statutory"
- 8.6 Renumber the sections in sequence and correct the internal references
- 8.7 Amend the title accordingly