

107.27 **ARTICLE 2**107.28 **CHEMICAL AND MENTAL HEALTH SERVICES**

107.29 Section 1. Minnesota Statutes 2014, section 13.46, subdivision 2, is amended to read:

108.1 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or

108.2 disseminated by the welfare system are private data on individuals, and shall not be

108.3 disclosed except:

108.4 (1) according to section 13.05;

108.5 (2) according to court order;

108.6 (3) according to a statute specifically authorizing access to the private data;

108.7 (4) to an agent of the welfare system and an investigator acting on behalf of a county,

108.8 the state, or the federal government, including a law enforcement person or attorney in the

108.9 investigation or prosecution of a criminal, civil, or administrative proceeding relating to

108.10 the administration of a program;

108.11 (5) to personnel of the welfare system who require the data to verify an individual's

108.12 identity; determine eligibility, amount of assistance, and the need to provide services

108.13 to an individual or family across programs; coordinate services for an individual or

108.14 family; evaluate the effectiveness of programs; assess parental contribution amounts;

108.15 and investigate suspected fraud;

108.16 (6) to administer federal funds or programs;

108.17 (7) between personnel of the welfare system working in the same program;

108.18 (8) to the Department of Revenue to assess parental contribution amounts for

108.19 purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit

108.20 programs and to identify individuals who may benefit from these programs. The following

108.21 information may be disclosed under this paragraph: an individual's and their dependent's

108.22 names, dates of birth, Social Security numbers, income, addresses, and other data as

108.23 required, upon request by the Department of Revenue. Disclosures by the commissioner

108.24 of revenue to the commissioner of human services for the purposes described in this clause

108.25 are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include,

108.26 but are not limited to, the dependent care credit under section 290.067, the Minnesota

108.27 working family credit under section 290.0671, the property tax refund and rental credit

108.28 under section 290A.04, and the Minnesota education credit under section 290.0674;

108.29 (9) between the Department of Human Services, the Department of Employment

108.30 and Economic Development, and when applicable, the Department of Education, for

108.31 the following purposes:

108.32 (i) to monitor the eligibility of the data subject for unemployment benefits, for any

108.33 employment or training program administered, supervised, or certified by that agency;

290.21 **ARTICLE 8**290.22 **CHEMICAL AND MENTAL HEALTH**

290.23 Section 1. Minnesota Statutes 2014, section 13.46, subdivision 2, is amended to read:

290.24 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or

290.25 disseminated by the welfare system are private data on individuals, and shall not be

290.26 disclosed except:

290.27 (1) according to section 13.05;

290.28 (2) according to court order;

290.29 (3) according to a statute specifically authorizing access to the private data;

290.30 (4) to an agent of the welfare system and an investigator acting on behalf of a county,

290.31 the state, or the federal government, including a law enforcement person or attorney in the

290.32 investigation or prosecution of a criminal, civil, or administrative proceeding relating to

290.33 the administration of a program;

290.34 (5) to personnel of the welfare system who require the data to verify an individual's

290.35 identity; determine eligibility, amount of assistance, and the need to provide services

291.1 to an individual or family across programs; coordinate services for an individual or

291.2 family; evaluate the effectiveness of programs; assess parental contribution amounts;

291.3 and investigate suspected fraud;

291.4 (6) to administer federal funds or programs;

291.5 (7) between personnel of the welfare system working in the same program;

291.6 (8) to the Department of Revenue to assess parental contribution amounts for

291.7 purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit

291.8 programs and to identify individuals who may benefit from these programs. The following

291.9 information may be disclosed under this paragraph: an individual's and their dependent's

291.10 names, dates of birth, Social Security numbers, income, addresses, and other data as

291.11 required, upon request by the Department of Revenue. Disclosures by the commissioner

291.12 of revenue to the commissioner of human services for the purposes described in this clause

291.13 are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include,

291.14 but are not limited to, the dependent care credit under section 290.067, the Minnesota

291.15 working family credit under section 290.0671, the property tax refund and rental credit

291.16 under section 290A.04, and the Minnesota education credit under section 290.0674;

291.17 (9) between the Department of Human Services, the Department of Employment

291.18 and Economic Development, and when applicable, the Department of Education, for

291.19 the following purposes:

291.20 (i) to monitor the eligibility of the data subject for unemployment benefits, for any

291.21 employment or training program administered, supervised, or certified by that agency;

108.34 (ii) to administer any rehabilitation program or child care assistance program,  
108.35 whether alone or in conjunction with the welfare system;

109.1 (iii) to monitor and evaluate the Minnesota family investment program or the child  
109.2 care assistance program by exchanging data on recipients and former recipients of food  
109.3 support, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance  
109.4 under chapter 119B, or medical programs under chapter 256B, 256D, or 256L; and

109.5 (iv) to analyze public assistance employment services and program utilization,  
109.6 cost, effectiveness, and outcomes as implemented under the authority established in Title  
109.7 II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of  
109.8 1999. Health records governed by sections 144.291 to 144.298 and "protected health  
109.9 information" as defined in Code of Federal Regulations, title 45, section 160.103, and  
109.10 governed by Code of Federal Regulations, title 45, parts 160-164, including health care  
109.11 claims utilization information, must not be exchanged under this clause;

109.12 (10) to appropriate parties in connection with an emergency if knowledge of  
109.13 the information is necessary to protect the health or safety of the individual or other  
109.14 individuals or persons;

109.15 (11) data maintained by residential programs as defined in section 245A.02 may  
109.16 be disclosed to the protection and advocacy system established in this state according  
109.17 to Part C of Public Law 98-527 to protect the legal and human rights of persons with  
109.18 developmental disabilities or other related conditions who live in residential facilities for  
109.19 these persons if the protection and advocacy system receives a complaint by or on behalf  
109.20 of that person and the person does not have a legal guardian or the state or a designee of  
109.21 the state is the legal guardian of the person;

109.22 (12) to the county medical examiner or the county coroner for identifying or locating  
109.23 relatives or friends of a deceased person;

109.24 (13) data on a child support obligor who makes payments to the public agency  
109.25 may be disclosed to the Minnesota Office of Higher Education to the extent necessary to  
109.26 determine eligibility under section 136A.121, subdivision 2, clause (5);

109.27 (14) participant Social Security numbers and names collected by the telephone  
109.28 assistance program may be disclosed to the Department of Revenue to conduct an  
109.29 electronic data match with the property tax refund database to determine eligibility under  
109.30 section 237.70, subdivision 4a;

109.31 (15) the current address of a Minnesota family investment program participant  
109.32 may be disclosed to law enforcement officers who provide the name of the participant  
109.33 and notify the agency that:

109.34 (i) the participant:

291.22 (ii) to administer any rehabilitation program or child care assistance program,  
291.23 whether alone or in conjunction with the welfare system;

291.24 (iii) to monitor and evaluate the Minnesota family investment program or the child  
291.25 care assistance program by exchanging data on recipients and former recipients of food  
291.26 support, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance  
291.27 under chapter 119B, or medical programs under chapter 256B, 256D, or 256L; and

291.28 (iv) to analyze public assistance employment services and program utilization,  
291.29 cost, effectiveness, and outcomes as implemented under the authority established in Title  
291.30 II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of  
291.31 1999. Health records governed by sections 144.291 to 144.298 and "protected health  
291.32 information" as defined in Code of Federal Regulations, title 45, section 160.103, and  
291.33 governed by Code of Federal Regulations, title 45, parts 160-164, including health care  
291.34 claims utilization information, must not be exchanged under this clause;

292.1 (10) to appropriate parties in connection with an emergency if knowledge of  
292.2 the information is necessary to protect the health or safety of the individual or other  
292.3 individuals or persons;

292.4 (11) data maintained by residential programs as defined in section 245A.02 may  
292.5 be disclosed to the protection and advocacy system established in this state according  
292.6 to Part C of Public Law 98-527 to protect the legal and human rights of persons with  
292.7 developmental disabilities or other related conditions who live in residential facilities for  
292.8 these persons if the protection and advocacy system receives a complaint by or on behalf  
292.9 of that person and the person does not have a legal guardian or the state or a designee of  
292.10 the state is the legal guardian of the person;

292.11 (12) to the county medical examiner or the county coroner for identifying or locating  
292.12 relatives or friends of a deceased person;

292.13 (13) data on a child support obligor who makes payments to the public agency  
292.14 may be disclosed to the Minnesota Office of Higher Education to the extent necessary to  
292.15 determine eligibility under section 136A.121, subdivision 2, clause (5);

292.16 (14) participant Social Security numbers and names collected by the telephone  
292.17 assistance program may be disclosed to the Department of Revenue to conduct an  
292.18 electronic data match with the property tax refund database to determine eligibility under  
292.19 section 237.70, subdivision 4a;

292.20 (15) the current address of a Minnesota family investment program participant  
292.21 may be disclosed to law enforcement officers who provide the name of the participant  
292.22 and notify the agency that:

292.23 (i) the participant:

110.1 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after  
 110.2 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the  
 110.3 jurisdiction from which the individual is fleeing; or

110.4 (B) is violating a condition of probation or parole imposed under state or federal law;

110.5 (ii) the location or apprehension of the felon is within the law enforcement officer's  
 110.6 official duties; and

110.7 (iii) the request is made in writing and in the proper exercise of those duties;

110.8 (16) the current address of a recipient of general assistance or general assistance  
 110.9 medical care may be disclosed to probation officers and corrections agents who are  
 110.10 supervising the recipient and to law enforcement officers who are investigating the  
 110.11 recipient in connection with a felony level offense;

110.12 (17) information obtained from food support applicant or recipient households may  
 110.13 be disclosed to local, state, or federal law enforcement officials, upon their written request,  
 110.14 for the purpose of investigating an alleged violation of the Food Stamp Act, according  
 110.15 to Code of Federal Regulations, title 7, section 272.1(c);

110.16 (18) the address, Social Security number, and, if available, photograph of any  
 110.17 member of a household receiving food support shall be made available, on request, to a  
 110.18 local, state, or federal law enforcement officer if the officer furnishes the agency with the  
 110.19 name of the member and notifies the agency that:

110.20 (i) the member:

110.21 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
 110.22 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

110.23 (B) is violating a condition of probation or parole imposed under state or federal  
 110.24 law; or

110.25 (C) has information that is necessary for the officer to conduct an official duty related  
 110.26 to conduct described in subitem (A) or (B);

110.27 (ii) locating or apprehending the member is within the officer's official duties; and

110.28 (iii) the request is made in writing and in the proper exercise of the officer's official  
 110.29 duty;

110.30 (19) the current address of a recipient of Minnesota family investment program,  
 110.31 general assistance, general assistance medical care, or food support may be disclosed to  
 110.32 law enforcement officers who, in writing, provide the name of the recipient and notify the  
 110.33 agency that the recipient is a person required to register under section 243.166, but is not  
 110.34 residing at the address at which the recipient is registered under section 243.166;

292.24 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after  
 292.25 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the  
 292.26 jurisdiction from which the individual is fleeing; or

292.27 (B) is violating a condition of probation or parole imposed under state or federal law;

292.28 (ii) the location or apprehension of the felon is within the law enforcement officer's  
 292.29 official duties; and

292.30 (iii) the request is made in writing and in the proper exercise of those duties;

292.31 (16) the current address of a recipient of general assistance or general assistance  
 292.32 medical care may be disclosed to probation officers and corrections agents who are  
 292.33 supervising the recipient and to law enforcement officers who are investigating the  
 292.34 recipient in connection with a felony level offense;

292.35 (17) information obtained from food support applicant or recipient households may  
 292.36 be disclosed to local, state, or federal law enforcement officials, upon their written request,  
 293.1 for the purpose of investigating an alleged violation of the Food Stamp Act, according  
 293.2 to Code of Federal Regulations, title 7, section 272.1(c);

293.3 (18) the address, Social Security number, and, if available, photograph of any  
 293.4 member of a household receiving food support shall be made available, on request, to a  
 293.5 local, state, or federal law enforcement officer if the officer furnishes the agency with the  
 293.6 name of the member and notifies the agency that:

293.7 (i) the member:

293.8 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
 293.9 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

293.10 (B) is violating a condition of probation or parole imposed under state or federal  
 293.11 law; or

293.12 (C) has information that is necessary for the officer to conduct an official duty related  
 293.13 to conduct described in subitem (A) or (B);

293.14 (ii) locating or apprehending the member is within the officer's official duties; and

293.15 (iii) the request is made in writing and in the proper exercise of the officer's official  
 293.16 duty;

293.17 (19) the current address of a recipient of Minnesota family investment program,  
 293.18 general assistance, general assistance medical care, or food support may be disclosed to  
 293.19 law enforcement officers who, in writing, provide the name of the recipient and notify the  
 293.20 agency that the recipient is a person required to register under section 243.166, but is not  
 293.21 residing at the address at which the recipient is registered under section 243.166;

110.35 (20) certain information regarding child support obligors who are in arrears may be  
 110.36 made public according to section 518A.74;

111.1 (21) data on child support payments made by a child support obligor and data on  
 111.2 the distribution of those payments excluding identifying information on obligees may be  
 111.3 disclosed to all obligees to whom the obligor owes support, and data on the enforcement  
 111.4 actions undertaken by the public authority, the status of those actions, and data on the  
 111.5 income of the obligor or obligee may be disclosed to the other party;

111.6 (22) data in the work reporting system may be disclosed under section 256.998,  
 111.7 subdivision 7;

111.8 (23) to the Department of Education for the purpose of matching Department of  
 111.9 Education student data with public assistance data to determine students eligible for free  
 111.10 and reduced-price meals, meal supplements, and free milk according to United States  
 111.11 Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and  
 111.12 state funds that are distributed based on income of the student's family; and to verify  
 111.13 receipt of energy assistance for the telephone assistance plan;

111.14 (24) the current address and telephone number of program recipients and emergency  
 111.15 contacts may be released to the commissioner of health or a community health board as  
 111.16 defined in section 145A.02, subdivision 5, when the commissioner or community health  
 111.17 board has reason to believe that a program recipient is a disease case, carrier, suspect case,  
 111.18 or at risk of illness, and the data are necessary to locate the person;

111.19 (25) to other state agencies, statewide systems, and political subdivisions of this  
 111.20 state, including the attorney general, and agencies of other states, interstate information  
 111.21 networks, federal agencies, and other entities as required by federal regulation or law for  
 111.22 the administration of the child support enforcement program;

111.23 (26) to personnel of public assistance programs as defined in section 256.741, for  
 111.24 access to the child support system database for the purpose of administration, including  
 111.25 monitoring and evaluation of those public assistance programs;

111.26 (27) to monitor and evaluate the Minnesota family investment program by  
 111.27 exchanging data between the Departments of Human Services and Education, on  
 111.28 recipients and former recipients of food support, cash assistance under chapter 256, 256D,  
 111.29 256J, or 256K, child care assistance under chapter 119B, or medical programs under  
 111.30 chapter 256B, 256D, or 256L;

111.31 (28) to evaluate child support program performance and to identify and prevent  
 111.32 fraud in the child support program by exchanging data between the Department of Human  
 111.33 Services, Department of Revenue under section 270B.14, subdivision 1, paragraphs (a)  
 111.34 and (b), without regard to the limitation of use in paragraph (c), Department of Health,  
 111.35 Department of Employment and Economic Development, and other state agencies as is  
 111.36 reasonably necessary to perform these functions;

293.22 (20) certain information regarding child support obligors who are in arrears may be  
 293.23 made public according to section 518A.74;

293.24 (21) data on child support payments made by a child support obligor and data on  
 293.25 the distribution of those payments excluding identifying information on obligees may be  
 293.26 disclosed to all obligees to whom the obligor owes support, and data on the enforcement  
 293.27 actions undertaken by the public authority, the status of those actions, and data on the  
 293.28 income of the obligor or obligee may be disclosed to the other party;

293.29 (22) data in the work reporting system may be disclosed under section 256.998,  
 293.30 subdivision 7;

293.31 (23) to the Department of Education for the purpose of matching Department of  
 293.32 Education student data with public assistance data to determine students eligible for free  
 293.33 and reduced-price meals, meal supplements, and free milk according to United States  
 293.34 Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and  
 293.35 state funds that are distributed based on income of the student's family; and to verify  
 293.36 receipt of energy assistance for the telephone assistance plan;

294.1 (24) the current address and telephone number of program recipients and emergency  
 294.2 contacts may be released to the commissioner of health or a community health board as  
 294.3 defined in section 145A.02, subdivision 5, when the commissioner or community health  
 294.4 board has reason to believe that a program recipient is a disease case, carrier, suspect case,  
 294.5 or at risk of illness, and the data are necessary to locate the person;

294.6 (25) to other state agencies, statewide systems, and political subdivisions of this  
 294.7 state, including the attorney general, and agencies of other states, interstate information  
 294.8 networks, federal agencies, and other entities as required by federal regulation or law for  
 294.9 the administration of the child support enforcement program;

294.10 (26) to personnel of public assistance programs as defined in section 256.741, for  
 294.11 access to the child support system database for the purpose of administration, including  
 294.12 monitoring and evaluation of those public assistance programs;

294.13 (27) to monitor and evaluate the Minnesota family investment program by  
 294.14 exchanging data between the Departments of Human Services and Education, on  
 294.15 recipients and former recipients of food support, cash assistance under chapter 256, 256D,  
 294.16 256J, or 256K, child care assistance under chapter 119B, or medical programs under  
 294.17 chapter 256B, 256D, or 256L;

294.18 (28) to evaluate child support program performance and to identify and prevent  
 294.19 fraud in the child support program by exchanging data between the Department of Human  
 294.20 Services, Department of Revenue under section 270B.14, subdivision 1, paragraphs (a)  
 294.21 and (b), without regard to the limitation of use in paragraph (c), Department of Health,  
 294.22 Department of Employment and Economic Development, and other state agencies as is  
 294.23 reasonably necessary to perform these functions;

112.1 (29) counties operating child care assistance programs under chapter 119B may  
 112.2 disseminate data on program participants, applicants, and providers to the commissioner  
 112.3 of education; ~~or~~

112.4 (30) child support data on the child, the parents, and relatives of the child may be  
 112.5 disclosed to agencies administering programs under titles IV-B and IV-E of the Social  
 112.6 Security Act, as authorized by federal law; or

112.7 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent  
 112.8 necessary to coordinate services, provided that a health record may be disclosed only as  
 112.9 provided under section 144.293.

112.10 (b) Information on persons who have been treated for drug or alcohol abuse may  
 112.11 only be disclosed according to the requirements of Code of Federal Regulations, title  
 112.12 42, sections 2.1 to 2.67.

112.13 (c) Data provided to law enforcement agencies under paragraph (a), clause (15),  
 112.14 (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected  
 112.15 nonpublic while the investigation is active. The data are private after the investigation  
 112.16 becomes inactive under section 13.82, subdivision 5, paragraph (a) or (b).

112.17 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are  
 112.18 not subject to the access provisions of subdivision 10, paragraph (b).

112.19 For the purposes of this subdivision, a request will be deemed to be made in writing  
 112.20 if made through a computer interface system.

112.21 Sec. 2. Minnesota Statutes 2014, section 13.46, subdivision 7, is amended to read:

112.22 Subd. 7. **Mental health data.** (a) Mental health data are private data on individuals  
 112.23 and shall not be disclosed, except:

112.24 (1) pursuant to section 13.05, as determined by the responsible authority for the  
 112.25 community mental health center, mental health division, or provider;

112.26 (2) pursuant to court order;

112.27 (3) pursuant to a statute specifically authorizing access to or disclosure of mental  
 112.28 health data or as otherwise provided by this subdivision; ~~or~~

112.29 (4) to personnel of the welfare system working in the same program or providing  
 112.30 services to the same individual or family to the extent necessary to coordinate services,  
 112.31 provided that a health record may be disclosed only as provided under section 144.293;

294.24 (29) counties operating child care assistance programs under chapter 119B may  
 294.25 disseminate data on program participants, applicants, and providers to the commissioner  
 294.26 of education; ~~or~~

294.27 (30) child support data on the child, the parents, and relatives of the child may be  
 294.28 disclosed to agencies administering programs under titles IV-B and IV-E of the Social  
 294.29 Security Act, as authorized by federal law; or

294.30 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent  
 294.31 necessary to coordinate services, provided that a health record may be disclosed only as  
 294.32 provided under section 144.293, if the patient has provided annual consent, consistent  
 294.33 with section 144.293, subdivisions 2 and 4.

294.34 (b) Information on persons who have been treated for drug or alcohol abuse may  
 294.35 only be disclosed according to the requirements of Code of Federal Regulations, title  
 294.36 42, sections 2.1 to 2.67.

295.1 (c) Data provided to law enforcement agencies under paragraph (a), clause (15),  
 295.2 (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected  
 295.3 nonpublic while the investigation is active. The data are private after the investigation  
 295.4 becomes inactive under section 13.82, subdivision 5, paragraph (a) or (b).

295.5 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are  
 295.6 not subject to the access provisions of subdivision 10, paragraph (b).

295.7 For the purposes of this subdivision, a request will be deemed to be made in writing  
 295.8 if made through a computer interface system.

295.9 Sec. 2. Minnesota Statutes 2014, section 13.46, subdivision 7, is amended to read:

295.10 Subd. 7. **Mental health data.** (a) Mental health data are private data on individuals  
 295.11 and shall not be disclosed, except:

295.12 (1) pursuant to section 13.05, as determined by the responsible authority for the  
 295.13 community mental health center, mental health division, or provider;

295.14 (2) pursuant to court order;

295.15 (3) pursuant to a statute specifically authorizing access to or disclosure of mental  
 295.16 health data or as otherwise provided by this subdivision; ~~or~~

295.17 (4) to personnel of the welfare system working in the same program or providing  
 295.18 services to the same individual or family to the extent necessary to coordinate services,  
 295.19 provided that a health record may be disclosed only as provided under section 144.293, if  
 295.20 the patient has provided annual consent, consistent with section 144.293, subdivisions  
 295.21 2 and 4;

112.32 (5) to a health care provider governed by sections 144.291 to 144.298, to the extent  
 112.33 necessary to coordinate services, provided that a health record may be disclosed only as  
 112.34 provided under section 144.293; or

112.35 (6) with the consent of the client or patient.

113.1 (b) An agency of the welfare system may not require an individual to consent to the  
 113.2 release of mental health data as a condition for receiving services or for reimbursing a  
 113.3 community mental health center, mental health division of a county, or provider under  
 113.4 contract to deliver mental health services.

113.5 (c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law  
 113.6 to the contrary, the responsible authority for a community mental health center, mental  
 113.7 health division of a county, or a mental health provider must disclose mental health data to  
 113.8 a law enforcement agency if the law enforcement agency provides the name of a client or  
 113.9 patient and communicates that the:

113.10 (1) client or patient is currently involved in an emergency interaction with the law  
 113.11 enforcement agency; and

113.12 (2) data is necessary to protect the health or safety of the client or patient or of  
 113.13 another person.

113.14 The scope of disclosure under this paragraph is limited to the minimum necessary for  
 113.15 law enforcement to respond to the emergency. Disclosure under this paragraph may include,  
 113.16 but is not limited to, the name and telephone number of the psychiatrist, psychologist,  
 113.17 therapist, mental health professional, practitioner, or case manager of the client or patient.  
 113.18 A law enforcement agency that obtains mental health data under this paragraph shall  
 113.19 maintain a record of the requestor, the provider of the information, and the client or patient  
 113.20 name. Mental health data obtained by a law enforcement agency under this paragraph  
 113.21 are private data on individuals and must not be used by the law enforcement agency for  
 113.22 any other purpose. A law enforcement agency that obtains mental health data under this  
 113.23 paragraph shall inform the subject of the data that mental health data was obtained.

113.24 (d) In the event of a request under paragraph (a), clause (4), a community mental  
 113.25 health center, county mental health division, or provider must release mental health data to  
 113.26 Criminal Mental Health Court personnel in advance of receiving a copy of a consent if the  
 113.27 Criminal Mental Health Court personnel communicate that the:

113.28 (1) client or patient is a defendant in a criminal case pending in the district court;

113.29 (2) data being requested is limited to information that is necessary to assess whether  
 113.30 the defendant is eligible for participation in the Criminal Mental Health Court; and

113.31 (3) client or patient has consented to the release of the mental health data and a copy  
 113.32 of the consent will be provided to the community mental health center, county mental  
 113.33 health division, or provider within 72 hours of the release of the data.

295.22 (5) to a health care provider governed by sections 144.291 to 144.298, to the extent  
 295.23 necessary to coordinate services, provided that a health record may be disclosed only as  
 295.24 provided under section 144.293, if the patient has provided annual consent, consistent with  
 295.25 section 144.293, subdivisions 2 and 4; or

295.26 (6) with the consent of the client or patient.

295.27 (b) An agency of the welfare system may not require an individual to consent to the  
 295.28 release of mental health data as a condition for receiving services or for reimbursing a  
 295.29 community mental health center, mental health division of a county, or provider under  
 295.30 contract to deliver mental health services.

295.31 (c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law  
 295.32 to the contrary, the responsible authority for a community mental health center, mental  
 295.33 health division of a county, or a mental health provider must disclose mental health data to  
 295.34 a law enforcement agency if the law enforcement agency provides the name of a client or  
 295.35 patient and communicates that the:

296.1 (1) client or patient is currently involved in an emergency interaction with the law  
 296.2 enforcement agency; and

296.3 (2) data is necessary to protect the health or safety of the client or patient or of  
 296.4 another person.

296.5 The scope of disclosure under this paragraph is limited to the minimum necessary for  
 296.6 law enforcement to respond to the emergency. Disclosure under this paragraph may include,  
 296.7 but is not limited to, the name and telephone number of the psychiatrist, psychologist,  
 296.8 therapist, mental health professional, practitioner, or case manager of the client or patient.  
 296.9 A law enforcement agency that obtains mental health data under this paragraph shall  
 296.10 maintain a record of the requestor, the provider of the information, and the client or patient  
 296.11 name. Mental health data obtained by a law enforcement agency under this paragraph  
 296.12 are private data on individuals and must not be used by the law enforcement agency for  
 296.13 any other purpose. A law enforcement agency that obtains mental health data under this  
 296.14 paragraph shall inform the subject of the data that mental health data was obtained.

296.15 (d) In the event of a request under paragraph (a), clause (4), a community mental  
 296.16 health center, county mental health division, or provider must release mental health data to  
 296.17 Criminal Mental Health Court personnel in advance of receiving a copy of a consent if the  
 296.18 Criminal Mental Health Court personnel communicate that the:

296.19 (1) client or patient is a defendant in a criminal case pending in the district court;

296.20 (2) data being requested is limited to information that is necessary to assess whether  
 296.21 the defendant is eligible for participation in the Criminal Mental Health Court; and

296.22 (3) client or patient has consented to the release of the mental health data and a copy  
 296.23 of the consent will be provided to the community mental health center, county mental  
 296.24 health division, or provider within 72 hours of the release of the data.

113.34 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty  
 113.35 criminal calendar of the Hennepin County District Court for defendants with mental illness  
 113.36 and brain injury where a primary goal of the calendar is to assess the treatment needs of  
 114.1 the defendants and to incorporate those treatment needs into voluntary case disposition  
 114.2 plans. The data released pursuant to this paragraph may be used for the sole purpose of  
 114.3 determining whether the person is eligible for participation in mental health court. This  
 114.4 paragraph does not in any way limit or otherwise extend the rights of the court to obtain the  
 114.5 release of mental health data pursuant to court order or any other means allowed by law.

296.25 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty  
 296.26 criminal calendar of the Hennepin County District Court for defendants with mental illness  
 296.27 and brain injury where a primary goal of the calendar is to assess the treatment needs of  
 296.28 the defendants and to incorporate those treatment needs into voluntary case disposition  
 296.29 plans. The data released pursuant to this paragraph may be used for the sole purpose of  
 296.30 determining whether the person is eligible for participation in mental health court. This  
 296.31 paragraph does not in any way limit or otherwise extend the rights of the court to obtain the  
 296.32 release of mental health data pursuant to court order or any other means allowed by law.

296.33 Sec. 3. Minnesota Statutes 2014, section 62Q.55, subdivision 3, is amended to read:

296.34 Subd. 3. **Emergency services.** As used in this section, "emergency services" means,  
 296.35 with respect to an emergency medical condition:

297.1 (1) a medical screening examination, as required under section 1867 of the Social  
 297.2 Security Act, that is within the capability of the emergency department of a hospital,  
 297.3 including ancillary services routinely available to the emergency department to evaluate  
 297.4 such emergency medical condition; ~~and~~

297.5 (2) within the capabilities of the staff and facilities available at the hospital, such  
 297.6 further medical examination and treatment as are required under section 1867 of the Social  
 297.7 Security Act to stabilize the patient; and

297.8 (3) emergency services as defined in sections 245.462, subdivision 11, and 245.4871,  
 297.9 subdivision 14.

297.10 Sec. 4. Minnesota Statutes 2014, section 144.293, subdivision 5, is amended to read:

297.11 Subd. 5. **Exceptions to consent requirement.** This section does not prohibit the  
 297.12 release of health records:

297.13 (1) for a medical emergency when the provider is unable to obtain the patient's  
 297.14 consent due to the patient's condition or the nature of the medical emergency;

297.15 (2) to other providers within related health care entities when necessary for the  
 297.16 current treatment of the patient; ~~or~~

297.17 (3) to a health care facility licensed by this chapter, chapter 144A, or to the same  
 297.18 types of health care facilities licensed by this chapter and chapter 144A that are licensed  
 297.19 in another state when a patient:

297.20 (i) is returning to the health care facility and unable to provide consent; or

297.21 (ii) who resides in the health care facility, has services provided by an outside  
 297.22 resource under Code of Federal Regulations, title 42, section 483.75(h), and is unable to  
 297.23 provide consent; or

114.6 Sec. 3. Minnesota Statutes 2014, section 144.293, subdivision 6, is amended to read:

114.7 Subd. 6. **Consent does not expire.** Notwithstanding subdivision 4, if a patient

114.8 explicitly gives informed consent to the release of health records for the purposes and

114.9 restrictions in elauses clause (1) and (2), or (3), the consent does not expire after one

114.10 year for:

114.11 (1) the release of health records to a provider who is being advised or consulted with

114.12 in connection with the releasing provider's current treatment of the patient;

114.13 (2) the release of health records to an accident and health insurer, health service plan

114.14 corporation, health maintenance organization, or third-party administrator for purposes of

114.15 payment of claims, fraud investigation, or quality of care review and studies, provided that:

114.16 (i) the use or release of the records complies with sections 72A.49 to 72A.505;

114.17 (ii) further use or release of the records in individually identifiable form to a person

114.18 other than the patient without the patient's consent is prohibited; and

114.19 (iii) the recipient establishes adequate safeguards to protect the records from

114.20 unauthorized disclosure, including a procedure for removal or destruction of information

114.21 that identifies the patient; or

114.22 (3) the release of health records to a program in the welfare system, as defined in

114.23 section 13.46, to the extent necessary to coordinate services for the patient.

297.24 (4) to a program in the welfare system, as defined in section 13.46, upon written

297.25 documentation that access to the data is necessary to coordinate services for an individual

297.26 who is receiving services from the welfare system.

297.27 Sec. 5. Minnesota Statutes 2014, section 145.56, subdivision 2, is amended to read:

297.28 Subd. 2. **Community-based programs.** To the extent funds are appropriated for the

297.29 purposes of this subdivision, the commissioner shall establish a grant program to fund:

297.30 (1) community-based programs to provide education, outreach, and advocacy

297.31 services to populations who may be at risk for suicide;

297.32 (2) community-based programs that educate community helpers and gatekeepers,

297.33 such as family members, spiritual leaders, coaches, and business owners, employers, and

297.34 coworkers on how to prevent suicide by encouraging help-seeking behaviors;

298.1 (3) community-based programs that educate populations at risk for suicide and

298.2 community helpers and gatekeepers that must include information on the symptoms

298.3 of depression and other psychiatric illnesses, the warning signs of suicide, skills for

298.4 preventing suicides, and making or seeking effective referrals to intervention and

298.5 community resources; ~~and~~



298.6 (4) community-based programs to provide evidence-based suicide prevention and  
 298.7 intervention education to school staff, parents, and students in grades kindergarten through  
 298.8 12, and for students attending Minnesota colleges and universities;

298.9 (5) community-based programs to provide evidence-based suicide prevention and  
 298.10 intervention to public school nurses, teachers, administrators, coaches, school social  
 298.11 workers, peace officers, firefighters, emergency medical technicians, advanced emergency  
 298.12 medical technicians, paramedics, primary care providers, and others; and

298.13 (6) community-based, evidence-based postvention training to mental health  
 298.14 professionals and practitioners in order to provide technical assistance to communities  
 298.15 after a suicide and to prevent suicide clusters and contagion.

298.16 Sec. 6. Minnesota Statutes 2014, section 145.56, subdivision 4, is amended to read:

298.17 Subd. 4. **Collection and reporting suicide data.** (a) The commissioner shall  
 298.18 coordinate with federal, regional, local, and other state agencies to collect, analyze, and  
 298.19 annually issue a public report on Minnesota-specific data on suicide and suicidal behaviors.

298.20 (b) The commissioner, in consultation with stakeholders, shall submit a detailed  
 298.21 plan identifying proposed methods to improve the timeliness, usefulness, and quality of  
 298.22 suicide-related data so that the data can help identify the scope of the suicide problem,  
 298.23 identify high-risk groups, set priority prevention activities, and monitor the effects of  
 298.24 suicide prevention programs. The report shall include how to improve external cause  
 298.25 of injury coding, progress on implementing the Minnesota Violent Death Reporting  
 298.26 System, how to obtain and release data in a timely manner, and how to support the use of  
 298.27 psychological autopsies.

298.28 (c) The written report must be provided to the chairs and ranking minority members  
 298.29 of the house of representatives and senate finance and policy divisions and committees  
 298.30 with jurisdiction over health and human services by February 1, 2016.

114.24 Sec. 4. Minnesota Statutes 2014, section 245.4661, subdivision 5, is amended to read:

114.25 Subd. 5. **Planning for pilot projects.** (a) Each local plan for a pilot project, with  
 114.26 the exception of the placement of a Minnesota specialty treatment facility as defined in  
 114.27 paragraph (c), must be developed under the direction of the county board, or multiple  
 114.28 county boards acting jointly, as the local mental health authority. The planning process  
 114.29 for each pilot shall include, but not be limited to, mental health consumers, families,  
 114.30 advocates, local mental health advisory councils, local and state providers, representatives  
 114.31 of state and local public employee bargaining units, and the department of human services.  
 114.32 As part of the planning process, the county board or boards shall designate a managing  
 114.33 entity responsible for receipt of funds and management of the pilot project.

115.1 (b) For Minnesota specialty treatment facilities, the commissioner shall issue a  
 115.2 request for proposal for regions in which a need has been identified for services.

115.3 (c) For purposes of this section, "Minnesota specialty treatment facility" is defined  
115.4 as an intensive ~~rehabilitative mental health~~ residential treatment service under section  
115.5 256B.0622, subdivision 2, paragraph (b).

115.6 Sec. 5. Minnesota Statutes 2014, section 245.4661, subdivision 6, is amended to read:

115.7 Subd. 6. **Duties of commissioner.** (a) For purposes of the pilot projects, the  
115.8 commissioner shall facilitate integration of funds or other resources as needed and  
115.9 requested by each project. These resources may include:

115.10 (1) community support services funds administered under Minnesota Rules, parts  
115.11 9535.1700 to 9535.1760;

115.12 (2) other mental health special project funds;

115.13 (3) medical assistance, general assistance medical care, MinnesotaCare and group  
115.14 residential housing if requested by the project's managing entity, and if the commissioner  
115.15 determines this would be consistent with the state's overall health care reform efforts; and

115.16 (4) regional treatment center resources consistent with section 246.0136, subdivision  
115.17 1; and.

115.18 ~~(5) funds transferred from section 246.18, subdivision 8, for grants to providers to~~  
115.19 ~~participate in mental health specialty treatment services, awarded to providers through~~  
115.20 ~~a request for proposal process.~~

115.21 (b) The commissioner shall consider the following criteria in awarding start-up and  
115.22 implementation grants for the pilot projects:

115.23 (1) the ability of the proposed projects to accomplish the objectives described in  
115.24 subdivision 2;

115.25 (2) the size of the target population to be served; and

115.26 (3) geographical distribution.

115.27 (c) The commissioner shall review overall status of the projects initiatives at least  
115.28 every two years and recommend any legislative changes needed by January 15 of each  
115.29 odd-numbered year.

115.30 (d) The commissioner may waive administrative rule requirements which are  
115.31 incompatible with the implementation of the pilot project.

115.32 (e) The commissioner may exempt the participating counties from fiscal sanctions  
115.33 for noncompliance with requirements in laws and rules which are incompatible with the  
115.34 implementation of the pilot project.

116.1 (f) The commissioner may award grants to an entity designated by a county board or  
116.2 group of county boards to pay for start-up and implementation costs of the pilot project.

116.3 Sec. 6. Minnesota Statutes 2014, section 245.4661, is amended by adding a subdivision  
116.4 to read:

116.5 Subd. 9. **Services and programs.** (a) The following three distinct grant programs

116.6 are funded under this section:

116.7 (1) mental health crisis services;

116.8 (2) housing with supports for adults with serious mental illness; and

116.9 (3) projects for assistance in transitioning from homelessness (PATH program).

116.10 (b) In addition, the following are eligible for grant funds:

116.11 (1) community education and prevention;

116.12 (2) client outreach;

116.13 (3) early identification and intervention;

116.14 (4) adult outpatient diagnostic assessment and psychological testing;

116.15 (5) peer support services;

116.16 (6) community support program services (CSP);

116.17 (7) adult residential crisis stabilization;

116.18 (8) supported employment;

116.19 (9) assertive community treatment (ACT);

116.20 (10) housing subsidies;

116.21 (11) basic living, social skills, and community intervention;

116.22 (12) emergency response services;

116.23 (13) adult outpatient psychotherapy;

116.24 (14) adult outpatient medication management;

116.25 (15) adult mobile crisis services;

116.26 (16) adult day treatment;

116.27 (17) partial hospitalization;

116.28 (18) adult residential treatment;

116.29 (19) adult mental health targeted case management;

116.30 (20) intensive community residential services (IRCS); and

116.31 (21) transportation.

116.32 Sec. 7. Minnesota Statutes 2014, section 245.4661, is amended by adding a subdivision  
116.33 to read:

117.1 Subd. 10. Commissioner duty to report on use of grant funds biennially. By  
117.2 November 1, 2016, and biennially thereafter, the commissioner of human services shall  
117.3 provide sufficient information to the members of the legislative committees having  
117.4 jurisdiction over mental health funding and policy issues to evaluate the use of funds  
117.5 appropriated under this section of law. The commissioner shall provide, at a minimum,  
117.6 the following information:

117.7 (1) the amount of funding to mental health initiatives, what programs and services  
117.8 were funded in the previous two years, gaps in services that each initiative brought to  
117.9 the attention of the commissioner, and outcome data for the programs and services that  
117.10 were funded; and

117.11 (2) the amount of funding for other targeted services and the location of services.

117.12 Sec. 8. Minnesota Statutes 2014, section 245.467, subdivision 6, is amended to read:

117.13 Subd. 6. **Restricted access to data.** The county board shall establish procedures  
117.14 to ensure that the names and addresses of persons receiving mental health services are  
117.15 disclosed only to:

117.16 (1) county employees who are specifically responsible for determining county of  
117.17 financial responsibility or making payments to providers; ~~and~~

117.18 (2) staff who provide treatment services or case management and their clinical  
117.19 supervisors; ~~and~~

117.20 (3) personnel of the welfare system or health care providers who have access to the  
117.21 data under section 13.46, subdivision 7.

117.22 Release of mental health data on individuals submitted under subdivisions 4 and 5,  
117.23 to persons other than those specified in this subdivision, or use of this data for purposes  
117.24 other than those stated in subdivisions 4 and 5, results in civil or criminal liability under  
117.25 the standards in section 13.08 or 13.09.

298.31 Sec. 7. Minnesota Statutes 2014, section 245.467, subdivision 6, is amended to read:

298.32 Subd. 6. **Restricted access to data.** The county board shall establish procedures  
298.33 to ensure that the names and addresses of persons receiving mental health services are  
298.34 disclosed only to:

299.1 (1) county employees who are specifically responsible for determining county of  
299.2 financial responsibility or making payments to providers; ~~and~~

299.3 (2) staff who provide treatment services or case management and their clinical  
299.4 supervisors; ~~and~~

299.5 (3) personnel of the welfare system or health care providers who have access to the  
299.6 data under section 13.46, subdivision 7.

299.7 Release of mental health data on individuals submitted under subdivisions 4 and 5,  
299.8 to persons other than those specified in this subdivision, or use of this data for purposes  
299.9 other than those stated in subdivisions 4 and 5, results in civil or criminal liability under  
299.10 the standards in section 13.08 or 13.09.

117.26 Sec. 9. Minnesota Statutes 2014, section 245.469, is amended by adding a subdivision  
117.27 to read:

117.28 Subd. 3. **Commissioner duties.** By July 1, 2016, unless otherwise specified, the  
117.29 commissioner shall:

117.30 (1) enhance oversight and training of the state's mobile crisis services to ensure  
117.31 consistency throughout the state, including the development and implementation of a  
117.32 certification process for mental health emergency telephone lines;

117.33 (2) develop standards for crisis services to ensure uniformity in the services that  
117.34 crisis response providers are delivering to clients;

118.1 (3) provide specialty telephone consultation 24 hours per day to mobile crisis  
118.2 teams serving persons with traumatic brain injury or an intellectual disability who are  
118.3 experiencing a mental health crisis;

118.4 (4) establish a single statewide mental health crisis phone number to immediately  
118.5 connect the person in crisis with the closest crisis response provider; and

118.6 (5) by July 1, 2018, provide 24/7 availability of mobile crisis teams throughout  
118.7 the state.

118.8 Sec. 10. Minnesota Statutes 2014, section 245.4876, subdivision 7, is amended to read:

299.11 Only persons acting consistent with section 13.05 may enter, update, or access mental  
299.12 health data on individuals submitted under subdivisions 4 and 5. The ability of authorized  
299.13 persons to enter, update, or access data must be limited through the use of role-based access  
299.14 that corresponds to the official duties or training level of the person, and the statutory  
299.15 authorization that grants access for that purpose. For data submitted under subdivisions 4  
299.16 and 5 and stored in an information system not operated by a state agency, all queries and  
299.17 all actions in which records are viewed, accessed, accepted, or exited must be recorded in  
299.18 a data audit trail. Data contained in the audit trail are public data, to the extent that the  
299.19 data are not otherwise classified by law. The authorization of any person determined to  
299.20 have willfully entered, updated, accessed, shared, or disseminated data in violation of this  
299.21 section, or any other provision of law, must be immediately revoked and investigated. If a  
299.22 person is determined to have willfully gained access to data without explicit authorization,  
299.23 the person is subject to civil and criminal liability under sections 13.08 and 13.09.

304.9 Sec. 18. **MENTAL HEALTH CRISIS SERVICES.**

304.10 The commissioner of human services shall increase access to mental health crisis  
304.11 services for children and adults. In order to increase access, the commissioner must:

304.12 (1) develop a central phone number where calls can be routed to the appropriate  
304.13 crisis services;

304.14 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are  
304.15 serving people with traumatic brain injury or intellectual disabilities who are experiencing  
304.16 a mental health crisis;

304.17 (3) expand crisis services across the state, including rural areas of the state and  
304.18 examining access per population;

304.19 (4) establish and implement state standards for crisis services; and

304.20 (5) provide grants to adult mental health initiatives, counties, tribes, or community  
304.21 mental health providers to establish new mental health crisis residential service capacity.

304.22 Priority will be given to regions that do not have a mental health crisis residential  
304.23 services program, do not have an inpatient psychiatric unit within the region, do not have  
304.24 an inpatient psychiatric unit within 90 miles, or have a demonstrated need based on the  
304.25 number of crisis residential or intensive residential treatment beds available to meet the  
304.26 needs of the residents in the region. At least 50 percent of the funds must be distributed to  
304.27 programs in rural Minnesota. Grant funds may be used for start-up costs, including but not  
304.28 limited to renovations, furnishings, and staff training. Grant applications shall provide  
304.29 details on how the intended service will address identified needs and shall demonstrate  
304.30 collaboration with crisis teams, other mental health providers, hospitals, and police.

299.24 Sec. 8. Minnesota Statutes 2014, section 245.4876, subdivision 7, is amended to read:

118.9 Subd. 7. **Restricted access to data.** The county board shall establish procedures  
 118.10 to ensure that the names and addresses of children receiving mental health services and  
 118.11 their families are disclosed only to:

118.12 (1) county employees who are specifically responsible for determining county of  
 118.13 financial responsibility or making payments to providers; ~~and~~

118.14 (2) staff who provide treatment services or case management and their clinical  
 118.15 supervisors; ~~and~~

118.16 (3) personnel of the welfare system or health care providers who have access to the  
 118.17 data under section 13.46, subdivision 7.

118.18 Release of mental health data on individuals submitted under subdivisions 5 and 6,  
 118.19 to persons other than those specified in this subdivision, or use of this data for purposes  
 118.20 other than those stated in subdivisions 5 and 6, results in civil or criminal liability under  
 118.21 section 13.08 or 13.09.

118.22 Sec. 11. Minnesota Statutes 2014, section 245.4889, subdivision 1, is amended to read:

118.23 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized  
 118.24 to make grants from available appropriations to assist:

118.25 (1) counties;

118.26 (2) Indian tribes;

118.27 (3) children's collaboratives under section 124D.23 or 245.493; or

118.28 (4) mental health service providers

118.29 ~~for providing services to children with emotional disturbances as defined in section~~  
 118.30 ~~245.4871, subdivision 15, and their families. The commissioner may also authorize~~  
 118.31 ~~grants to young adults meeting the criteria for transition services in section 245.4875;~~  
 118.32 ~~subdivision 8, and their families.~~

299.25 Subd. 7. **Restricted access to data.** The county board shall establish procedures  
 299.26 to ensure that the names and addresses of children receiving mental health services and  
 299.27 their families are disclosed only to:

299.28 (1) county employees who are specifically responsible for determining county of  
 299.29 financial responsibility or making payments to providers; ~~and~~

299.30 (2) staff who provide treatment services or case management and their clinical  
 299.31 supervisors; ~~and~~

299.32 (3) personnel of the welfare system or health care providers who have access to the  
 299.33 data under section 13.46, subdivision 7.

299.34 Release of mental health data on individuals submitted under subdivisions 5 and 6,  
 299.35 to persons other than those specified in this subdivision, or use of this data for purposes  
 300.1 other than those stated in subdivisions 5 and 6, results in civil or criminal liability under  
 300.2 section 13.08 or 13.09.

300.3 Only persons acting consistent with section 13.05 may enter, update, or access mental  
 300.4 health data on individuals submitted under subdivisions 5 and 6. The ability of authorized  
 300.5 persons to enter, update, or access data must be limited through the use of role-based access  
 300.6 that corresponds to the official duties or training level of the person, and the statutory  
 300.7 authorization that grants access for that purpose. For data submitted under subdivisions 5  
 300.8 and 6 and stored in an information system not operated by a state agency, all queries and  
 300.9 all actions in which records are viewed, accessed, accepted, or exited must be recorded in  
 300.10 a data audit trail. Data contained in the audit trail are public data, to the extent that the  
 300.11 data are not otherwise classified by law. The authorization of any person determined to  
 300.12 have willfully entered, updated, accessed, shared, or disseminated data in violation of this  
 300.13 section, or any other provision of law, must be immediately revoked and investigated. If a  
 300.14 person is determined to have willfully gained access to data without explicit authorization,  
 300.15 the person is subject to civil and criminal liability under sections 13.08 and 13.09.

118.33 (b) The following services are eligible for grants under this section:

119.1 (1) services to children with emotional disturbances as defined in section 245.4871,

119.2 subdivision 15, and their families;

119.3 (2) transition services under section 245.4875, subdivision 8, for young adults under

119.4 age 21 and their families;

119.5 (3) respite care services for children with severe emotional disturbances who are at

119.6 risk of out-of-home placement;

119.7 (4) children's mental health crisis services;

119.8 (5) mental health services for people from cultural and ethnic minorities;

119.9 (6) children's mental health screening and follow-up diagnostic assessment and

119.10 treatment;

119.11 (7) services to promote and develop the capacity of providers to use evidence-based

119.12 practices in providing children's mental health services;

119.13 (8) school-linked mental health services;

119.14 (9) building evidence-based mental health intervention capacity for children birth to

119.15 age five;

119.16 (10) suicide prevention and counseling services that use text messaging statewide;

119.17 (11) mental health first aid training;

119.18 (12) training for parents, collaborative partners, and mental health providers on the

119.19 impact of adverse childhood experiences and trauma and development of an interactive

119.20 Web site to share information and strategies to promote resilience and prevent trauma;

119.21 (13) transition age services to develop or expand mental health treatment and

119.22 supports for adolescents and young adults 26 years of age or younger;

119.23 (14) early childhood mental health consultation;

119.24 (15) evidence-based interventions for youth at risk of developing or experiencing a

119.25 first episode of psychosis, and a public awareness campaign on the signs and symptoms of

119.26 psychosis; and

119.27 (16) psychiatric consultation for primary care practitioners.

119.28 (c) Services under paragraph (a) (b) must be designed to help each child to function

119.29 and remain with the child's family in the community and delivered consistent with the

119.30 child's treatment plan. Transition services to eligible young adults under paragraph (a) (b)

119.31 must be designed to foster independent living in the community.

119.32 Sec. 12. Minnesota Statutes 2014, section 245.4889, is amended by adding a  
119.33 subdivision to read:

119.34 **Subd. 3. Commissioner duty to report on use of grant funds biennially.** By  
119.35 November 1, 2016, and biennially thereafter, the commissioner of human services shall  
120.1 provide sufficient information to the members of the legislative committees having  
120.2 jurisdiction over mental health funding and policy issues to evaluate the use of funds  
120.3 appropriated under this section. The commissioner shall provide, at a minimum, the  
120.4 following information:

120.5 (1) the amount of funding for children's mental health grants, what programs and  
120.6 services were funded in the previous two years, and outcome data for the programs and  
120.7 services that were funded; and

120.8 (2) the amount of funding for other targeted services and the location of services.

120.9 Sec. 13. **[245.735] EXCELLENCE IN MENTAL HEALTH DEMONSTRATION**  
120.10 **PROJECT.**

120.11 Subdivision 1. **Excellence in Mental Health demonstration project.** The  
120.12 commissioner shall develop and execute projects to reform the mental health system by  
120.13 participating in the Excellence in Mental Health demonstration project.

120.14 **Subd. 2. Federal proposal.** The commissioner shall develop and submit to the  
120.15 United States Department of Health and Human Services a proposal for the Excellence  
120.16 in Mental Health demonstration project. The proposal shall include any necessary state  
120.17 plan amendments, waivers, requests for new funding, realignment of existing funding, and  
120.18 other authority necessary to implement the projects specified in subdivision 4.

120.19 **Subd. 3. Rules.** By January 15, 2017, the commissioner shall adopt rules that meet  
120.20 the criteria in subdivision 4, paragraph (a), to establish standards for state certification  
120.21 of community behavioral health clinics, and rules that meet the criteria in subdivision 4,  
120.22 paragraph (b), to implement a prospective payment system for medical assistance payment  
120.23 of mental health services delivered in certified community behavioral health clinics. These  
120.24 rules shall comply with federal requirements for certification of community behavioral  
120.25 health clinics and the prospective payment system and shall apply to community mental  
120.26 health centers, mental health clinics, mental health residential treatment centers, essential  
120.27 community providers, federally qualified health centers, and rural health clinics. The  
120.28 commissioner may adopt rules under this subdivision using the expedited process in  
120.29 section 14.389.

120.30 **Subd. 4. Reform projects.** (a) The commissioner shall establish standards for state  
120.31 certification of clinics as certified community behavioral health clinics, in accordance with  
120.32 the criteria published on or before September 1, 2015, by the United States Department  
120.33 of Health and Human Services. Certification standards established by the commissioner  
120.34 shall require that:

300.16 Sec. 9. **[245.735] EXCELLENCE IN MENTAL HEALTH DEMONSTRATION**  
300.17 **PROJECT.**

300.18 Subdivision 1. **Excellence in Mental Health demonstration project.** The  
300.19 commissioner may develop and execute projects to reform the mental health system by  
300.20 participating in the Excellence in Mental Health demonstration project.

300.21 **Subd. 2. Federal proposal.** The commissioner may develop and submit to the  
300.22 United States Department of Health and Human Services a proposal for the Excellence  
300.23 in Mental Health demonstration project. The proposal shall include any necessary state  
300.24 plan amendments, waivers, requests for new funding, realignment of existing funding, and  
300.25 other authority necessary to implement the projects specified in subdivision 3.

300.26 **Subd. 3. Reform projects.** (a) The commissioner may establish standards for  
300.27 state certification of a clinic as a certified community behavioral health clinic, in  
300.28 accordance with the criteria published on or before September 1, 2015, by the United  
300.29 States Department of Health and Human Services. Certification standards established by  
300.30 the commissioner shall require that:



121.1 (1) clinic staff have backgrounds in diverse disciplines, include licensed mental  
 121.2 health professionals, and are culturally and linguistically trained to serve the needs of the  
 121.3 clinic's patient population;

121.4 (2) clinic services are available and accessible and that crisis management services  
 121.5 are available 24 hours per day;

121.6 (3) fees for clinic services are established using a sliding fee scale and services to  
 121.7 patients are not denied or limited due to a patient's inability to pay for services;

121.8 (4) clinics provide coordination of care across settings and providers to ensure  
 121.9 seamless transitions for patients across the full spectrum of health services, including  
 121.10 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
 121.11 partnerships or formal contracts with federally qualified health centers, inpatient  
 121.12 psychiatric facilities, substance use and detoxification facilities, community-based mental  
 121.13 health providers, and other community services, supports, and providers including  
 121.14 schools, child welfare agencies, juvenile and criminal justice agencies, Indian Health  
 121.15 Services clinics, tribally licensed health care and mental health facilities, urban Indian  
 121.16 health clinics, Department of Veterans Affairs medical centers, outpatient clinics, drop-in  
 121.17 centers, acute care hospitals, and hospital outpatient clinics;

121.18 (5) services provided by clinics include crisis mental health services, emergency  
 121.19 crisis intervention services, and stabilization services; screening, assessment, and diagnosis  
 121.20 services, including risk assessments and level of care determinations; patient-centered  
 121.21 treatment planning; outpatient mental health and substance use services; targeted case  
 121.22 management; psychiatric rehabilitation services; peer support and counselor services and  
 121.23 family support services; and intensive community-based mental health services, including  
 121.24 mental health services for members of the armed forces and veterans; and

121.25 (6) clinics comply with quality assurance reporting requirements and other reporting  
 121.26 requirements, including any required reporting of encounter data, clinical outcomes data,  
 121.27 and quality data.

121.28 (b) The commissioner shall establish standards and methodologies for a prospective  
 121.29 payment system for medical assistance payments for mental health services delivered by  
 121.30 certified community behavioral health clinics, in accordance with guidance issued on or  
 121.31 before September 1, 2015, by the Centers for Medicare and Medicaid Services. During the  
 121.32 operation of the demonstration project, payments shall comply with federal requirements  
 121.33 for a 90 percent enhanced federal medical assistance percentage.

121.34 **Subd. 5. Public participation.** In developing the projects under subdivision 4, the  
 121.35 commissioner shall consult with mental health providers, advocacy organizations, licensed  
 122.1 mental health professionals, and Minnesota public health care program enrollees who  
 122.2 receive mental health services and their families.

300.31 (1) clinic staff have backgrounds in diverse disciplines, include licensed mental  
 300.32 health professionals, and are culturally and linguistically trained to serve the needs of the  
 300.33 clinic's patient population;

300.34 (2) clinic services are available and accessible and crisis management services  
 300.35 are available 24 hours per day;

301.1 (3) fees for clinic services are established using a sliding fee scale and services to  
 301.2 patients are not denied or limited due to a patient's inability to pay for services;

301.3 (4) clinics provide coordination of care across settings and providers to ensure  
 301.4 seamless transitions for patients across the full spectrum of health services, including  
 301.5 acute, chronic, and behavioral needs. Care coordination may be accomplished through  
 301.6 partnerships or formal contracts with federally qualified health centers, inpatient  
 301.7 psychiatric facilities, substance use and detoxification facilities, community-based mental  
 301.8 health providers, and other community services, supports, and providers including  
 301.9 schools, child welfare agencies, juvenile and criminal justice agencies, Indian Health  
 301.10 Services clinics, tribally licensed health care and mental health facilities, urban Indian  
 301.11 health clinics, Department of Veterans Affairs medical centers, outpatient clinics, drop-in  
 301.12 centers, acute care hospitals, and hospital outpatient clinics; and

301.13 (5) services provided by clinics include crisis mental health services, emergency  
 301.14 crisis intervention services, and stabilization services; screening, assessment, and  
 301.15 diagnosis services, including risk assessments and level of care determinations;  
 301.16 patient-centered treatment planning; outpatient mental health and substance use services;  
 301.17 targeted case management; psychiatric rehabilitation services; peer support and counselor  
 301.18 services and family support services; and intensive community-based mental health  
 301.19 services, including mental health services for members of the armed forces and veterans.

301.20 (b) The commissioner shall establish standards and methodologies for a prospective  
 301.21 payment system for medical assistance payments for mental health services delivered by  
 301.22 certified community behavioral health clinics, in accordance with guidance issued on or  
 301.23 before September 1, 2015, by the Centers for Medicare and Medicaid Services. During the  
 301.24 operation of the demonstration project, payments shall comply with federal requirements  
 301.25 for a 90 percent enhanced federal medical assistance percentage.

301.26 **Subd. 4. Public participation.** In developing the projects under subdivision 3, the  
 301.27 commissioner shall consult with mental health providers, advocacy organizations, licensed  
 301.28 mental health professionals, and Minnesota health care program enrollees who receive  
 301.29 mental health services and their families.

122.3 Subd. 6. **Information systems support.** The commissioner and the state chief  
 122.4 information officer shall provide information systems support to the projects as necessary  
 122.5 to comply with federal requirements and the deadlines in subdivision 3.

122.6 Sec. 14. Minnesota Statutes 2014, section 246.18, subdivision 8, is amended to read:

122.7 Subd. 8. **State-operated services account.** (a) The state-operated services account is  
 122.8 established in the special revenue fund. Revenue generated by new state-operated services  
 122.9 listed under this section established after July 1, 2010, that are not enterprise activities must  
 122.10 be deposited into the state-operated services account, unless otherwise specified in law:

122.11 (1) intensive residential treatment services;

122.12 (2) foster care services; and

122.13 (3) psychiatric extensive recovery treatment services.

122.14 (b) Funds deposited in the state-operated services account are ~~available~~ appropriated  
 122.15 to the commissioner of human services for the purposes of:

122.16 (1) providing services needed to transition individuals from institutional settings  
 122.17 within state-operated services to the community when those services have no other  
 122.18 adequate funding source; and

122.19 (2) ~~grants to providers participating in mental health specialty treatment services~~  
 122.20 ~~under section 245.4661; and~~

122.21 ~~(3)~~ to fund the operation of the intensive residential treatment service program in  
 122.22 Willmar.

122.23 Sec. 15. Minnesota Statutes 2014, section 253B.18, subdivision 4c, is amended to read:

122.24 Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more  
 122.25 panels of a special review board. The board shall consist of three members experienced  
 122.26 in the field of mental illness. One member of each special review board panel shall be a  
 122.27 psychiatrist or a doctoral level psychologist with forensic experience and one member  
 122.28 shall be an attorney. No member shall be affiliated with the Department of Human  
 122.29 Services. The special review board shall meet at least every six months and at the call of  
 122.30 the commissioner. It shall hear and consider all petitions for a reduction in custody or to  
 122.31 appeal a revocation of provisional discharge. A "reduction in custody" means transfer  
 122.32 from a secure treatment facility, discharge, and provisional discharge. Patients may be  
 122.33 transferred by the commissioner between secure treatment facilities without a special  
 122.34 review board hearing.

301.30 Subd. 5. **Information systems support.** The commissioner and the state chief  
 301.31 information officer shall provide information systems support to the projects as necessary  
 301.32 to comply with federal requirements.

## ARTICLE 9, SECTIONS 2 AND 3

308.1 Sec. 2. Minnesota Statutes 2014, section 253B.18, subdivision 4c, is amended to read:

308.2 Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more  
 308.3 panels of a special review board. The board shall consist of three members experienced  
 308.4 in the field of mental illness. One member of each special review board panel shall be a  
 308.5 psychiatrist or a doctoral level psychologist with forensic experience and one member  
 308.6 shall be an attorney. No member shall be affiliated with the Department of Human  
 308.7 Services. The special review board shall meet at least every six months and at the call of  
 308.8 the commissioner. It shall hear and consider all petitions for a reduction in custody or to  
 308.9 appeal a revocation of provisional discharge. A "reduction in custody" means transfer  
 308.10 from a secure treatment facility, discharge, and provisional discharge. Patients may be  
 308.11 transferred by the commissioner between secure treatment facilities without a special  
 308.12 review board hearing.

123.1 Members of the special review board shall receive compensation and reimbursement  
 123.2 for expenses as established by the commissioner.

123.3 (b) The special review board must review each denied petition under subdivision  
 123.4 5 for barriers and obstacles preventing the patient from progressing in treatment. Based  
 123.5 on the cases before the board in the previous year, the special review board shall provide  
 123.6 to the commissioner an annual summation of the barriers to treatment progress, and  
 123.7 recommendations to achieve the common goal of making progress in treatment.

123.8 (c) A petition filed by a person committed as mentally ill and dangerous to the  
 123.9 public under this section must be heard as provided in subdivision 5 and, as applicable,  
 123.10 subdivision 13. A petition filed by a person committed as a sexual psychopathic personality  
 123.11 or as a sexually dangerous person under chapter 253D, or committed as both mentally ill  
 123.12 and dangerous to the public under this section and as a sexual psychopathic personality or  
 123.13 as a sexually dangerous person must be heard as provided in section 253D.27.

123.14 **EFFECTIVE DATE.** This section is effective January 1, 2016.

123.15 Sec. 16. Minnesota Statutes 2014, section 253B.18, subdivision 5, is amended to read:

123.16 Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for  
 123.17 a reduction in custody or revocation of provisional discharge shall be filed with the  
 123.18 commissioner and may be filed by the patient or by the head of the treatment facility. A  
 123.19 patient may not petition the special review board for six months following commitment  
 123.20 under subdivision 3 or following the final disposition of any previous petition and  
 123.21 subsequent appeal by the patient. The head of the treatment facility must schedule a  
 123.22 hearing before the special review board for any patient who has not appeared before the  
 123.23 special review board in the previous three years, and schedule a hearing at least every  
 123.24 three years thereafter. The medical director may petition at any time.

123.25 (b) Fourteen days prior to the hearing, the committing court, the county attorney of  
 123.26 the county of commitment, the designated agency, interested person, the petitioner, and  
 123.27 the petitioner's counsel shall be given written notice by the commissioner of the time and  
 123.28 place of the hearing before the special review board. Only those entitled to statutory notice  
 123.29 of the hearing or those administratively required to attend may be present at the hearing.  
 123.30 The patient may designate interested persons to receive notice by providing the names  
 123.31 and addresses to the commissioner at least 21 days before the hearing. The board shall  
 123.32 provide the commissioner with written findings of fact and recommendations within 21  
 123.33 days of the hearing. The commissioner shall issue an order no later than 14 days after  
 123.34 receiving the recommendation of the special review board. A copy of the order shall be  
 123.35 mailed to every person entitled to statutory notice of the hearing within five days after it  
 124.1 is signed. No order by the commissioner shall be effective sooner than 30 days after the  
 124.2 order is signed, unless the county attorney, the patient, and the commissioner agree that  
 124.3 it may become effective sooner.

308.13 Members of the special review board shall receive compensation and reimbursement  
 308.14 for expenses as established by the commissioner.

308.15 (b) The special review board must review each denied petition under subdivision  
 308.16 5 for barriers and obstacles preventing the patient from progressing in treatment. Based  
 308.17 on the cases before the board in the previous year, the special review board shall provide  
 308.18 to the commissioner an annual summation of the barriers to treatment progress, and  
 308.19 recommendations to achieve the common goal of making progress in treatment.

308.20 (c) A petition filed by a person committed as mentally ill and dangerous to the  
 308.21 public under this section must be heard as provided in subdivision 5 and, as applicable,  
 308.22 subdivision 13. A petition filed by a person committed as a sexual psychopathic personality  
 308.23 or as a sexually dangerous person under chapter 253D, or committed as both mentally ill  
 308.24 and dangerous to the public under this section and as a sexual psychopathic personality or  
 308.25 as a sexually dangerous person must be heard as provided in section 253D.27.

308.26 Sec. 3. Minnesota Statutes 2014, section 253B.18, subdivision 5, is amended to read:

308.27 Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for  
 308.28 a reduction in custody or revocation of provisional discharge shall be filed with the  
 308.29 commissioner and may be filed by the patient or by the head of the treatment facility. A  
 308.30 patient may not petition the special review board for six months following commitment  
 308.31 under subdivision 3 or following the final disposition of any previous petition and  
 308.32 subsequent appeal by the patient. The head of the treatment facility must schedule a  
 308.33 hearing before the special review board for any patient who has not appeared before the  
 308.34 special review board in the previous three years, and schedule a hearing at least every  
 308.35 three years thereafter. The medical director may petition at any time.

309.1 (b) Fourteen days prior to the hearing, the committing court, the county attorney of  
 309.2 the county of commitment, the designated agency, interested person, the petitioner, and  
 309.3 the petitioner's counsel shall be given written notice by the commissioner of the time and  
 309.4 place of the hearing before the special review board. Only those entitled to statutory notice  
 309.5 of the hearing or those administratively required to attend may be present at the hearing.  
 309.6 The patient may designate interested persons to receive notice by providing the names  
 309.7 and addresses to the commissioner at least 21 days before the hearing. The board shall  
 309.8 provide the commissioner with written findings of fact and recommendations within 21  
 309.9 days of the hearing. The commissioner shall issue an order no later than 14 days after  
 309.10 receiving the recommendation of the special review board. A copy of the order shall be  
 309.11 mailed to every person entitled to statutory notice of the hearing within five days after it  
 309.12 is signed. No order by the commissioner shall be effective sooner than 30 days after the  
 309.13 order is signed, unless the county attorney, the patient, and the commissioner agree that  
 309.14 it may become effective sooner.

124.4 (c) The special review board shall hold a hearing on each petition prior to making  
 124.5 its recommendation to the commissioner. The special review board proceedings are not  
 124.6 contested cases as defined in chapter 14. Any person or agency receiving notice that  
 124.7 submits documentary evidence to the special review board prior to the hearing shall also  
 124.8 provide copies to the patient, the patient's counsel, the county attorney of the county of  
 124.9 commitment, the case manager, and the commissioner.

124.10 (d) Prior to the final decision by the commissioner, the special review board may be  
 124.11 reconvened to consider events or circumstances that occurred subsequent to the hearing.

124.12 (e) In making their recommendations and order, the special review board and  
 124.13 commissioner must consider any statements received from victims under subdivision 5a.

124.14 **EFFECTIVE DATE.** This section is effective January 1, 2016, with hearings  
 124.15 starting no later than February 1, 2016.

124.16 Sec. 17. Minnesota Statutes 2014, section 254B.05, subdivision 5, is amended to read:

124.17 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for  
 124.18 chemical dependency services and service enhancements funded under this chapter.

124.19 (b) Eligible chemical dependency treatment services include:

124.20 (1) outpatient treatment services that are licensed according to Minnesota Rules,  
 124.21 parts 9530.6405 to 9530.6480, or applicable tribal license;

124.22 (2) medication-assisted therapy services that are licensed according to Minnesota  
 124.23 Rules, parts 9530.6405 to 9530.6480 and 9530.6500, or applicable tribal license;

124.24 (3) medication-assisted therapy plus enhanced treatment services that meet the  
 124.25 requirements of clause (2) and provide nine hours of clinical services each week;

124.26 (4) high, medium, and low intensity residential treatment services that are licensed  
 124.27 according to Minnesota Rules, parts 9530.6405 to 9530.6480 and 9530.6505, or applicable  
 124.28 tribal license which provide, respectively, 30, 15, and five hours of clinical services each  
 124.29 week;

124.30 (5) hospital-based treatment services that are licensed according to Minnesota Rules,  
 124.31 parts 9530.6405 to 9530.6480, or applicable tribal license and licensed as a hospital under  
 124.32 sections 144.50 to 144.56;

124.33 (6) adolescent treatment programs that are licensed as outpatient treatment programs  
 124.34 according to Minnesota Rules, parts 9530.6405 to 9530.6485, or as residential treatment  
 125.1 programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to  
 125.2 2960.0490, or applicable tribal license; and

125.3 (7) high-intensity residential treatment services that are licensed according to

309.15 (c) The special review board shall hold a hearing on each petition prior to making  
 309.16 its recommendation to the commissioner. The special review board proceedings are not  
 309.17 contested cases as defined in chapter 14. Any person or agency receiving notice that  
 309.18 submits documentary evidence to the special review board prior to the hearing shall also  
 309.19 provide copies to the patient, the patient's counsel, the county attorney of the county of  
 309.20 commitment, the case manager, and the commissioner.

309.21 (d) Prior to the final decision by the commissioner, the special review board may be  
 309.22 reconvened to consider events or circumstances that occurred subsequent to the hearing.

309.23 (e) In making their recommendations and order, the special review board and  
 309.24 commissioner must consider any statements received from victims under subdivision 5a.

**SEE HOUSE ARTICLE 9, SECTION 4 REGARDING COMMUNITY ADDICTION  
 RECOVERY ENTERPRISE**

- 125.4 Minnesota Rules, parts 9530.6405 to 9530.6480 and 9530.6505, or applicable tribal  
125.5 license, which provide 30 hours of clinical services each week provided by a state-operated  
125.6 vendor or to clients who have been civilly committed to the commissioner, present the  
125.7 most complex and difficult care needs, and are a potential threat to the community; and
- 125.8 (8) room and board facilities that meet the requirements of section 254B.05,  
125.9 subdivision 1a.
- 125.10 (c) The commissioner shall establish higher rates for programs that meet the  
125.11 requirements of paragraph (b) and the following additional requirements:
- 125.12 (1) programs that serve parents with their children if the program:
- 125.13 (i) provides on-site child care during hours of treatment activity that meets the  
125.14 requirements in Minnesota Rules, part 9530.6490, or section 245A.03, subdivision 2; or
- 125.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that  
125.16 is licensed under chapter 245A as:
- 125.17 (A) a child care center under Minnesota Rules, chapter 9503; or
- 125.18 (B) a family child care home under Minnesota Rules, chapter 9502;
- 125.19 (2) culturally specific programs as defined in section 254B.01, subdivision 8, if the  
125.20 program meets the requirements in Minnesota Rules, part 9530.6605, subpart 13;
- 125.21 (3) programs that offer medical services delivered by appropriately credentialed  
125.22 health care staff in an amount equal to two hours per client per week if the medical  
125.23 needs of the client and the nature and provision of any medical services provided are  
125.24 documented in the client file; and
- 125.25 (4) programs that offer services to individuals with co-occurring mental health and  
125.26 chemical dependency problems if:
- 125.27 (i) the program meets the co-occurring requirements in Minnesota Rules, part  
125.28 9530.6495;
- 125.29 (ii) 25 percent of the counseling staff are licensed mental health professionals, as  
125.30 defined in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing  
125.31 candidates under the supervision of a licensed alcohol and drug counselor supervisor and  
125.32 licensed mental health professional, except that no more than 50 percent of the mental  
125.33 health staff may be students or licensing candidates with time documented to be directly  
125.34 related to provisions of co-occurring services;
- 125.35 (iii) clients scoring positive on a standardized mental health screen receive a mental  
125.36 health diagnostic assessment within ten days of admission;
- 126.1 (iv) the program has standards for multidisciplinary case review that include a  
126.2 monthly review for each client that, at a minimum, includes a licensed mental health

126.3 professional and licensed alcohol and drug counselor, and their involvement in the review  
126.4 is documented;

126.5 (v) family education is offered that addresses mental health and substance abuse  
126.6 disorders and the interaction between the two; and

126.7 (vi) co-occurring counseling staff will receive eight hours of co-occurring disorder  
126.8 training annually.

126.9 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program  
126.10 that provides arrangements for off-site child care must maintain current documentation at  
126.11 the chemical dependency facility of the child care provider's current licensure to provide  
126.12 child care services. Programs that provide child care according to paragraph (c), clause  
126.13 (1), must be deemed in compliance with the licensing requirements in Minnesota Rules,  
126.14 part 9530.6490.

126.15 (e) Adolescent residential programs that meet the requirements of Minnesota  
126.16 Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the  
126.17 requirements in paragraph (c), clause (4), items (i) to (iv).

126.18 Sec. 18. Minnesota Statutes 2014, section 254B.12, subdivision 2, is amended to read:

126.19 Subd. 2. **Payment methodology for highly specialized vendors.** (a)

126.20 Notwithstanding subdivision 1, the commissioner shall seek federal authority to develop  
126.21 separate payment methodologies for chemical dependency treatment services provided  
126.22 under the consolidated chemical dependency treatment fund: (1) by a state-operated  
126.23 vendor; or (2) for persons who have been civilly committed to the commissioner, present  
126.24 the most complex and difficult care needs, and are a potential threat to the community. A  
126.25 payment methodology under this subdivision is effective for services provided on or after  
126.26 October 1, 2015, or on or after the receipt of federal approval, whichever is later.

126.27 ~~(b) Before implementing an approved payment methodology under paragraph~~

126.28 ~~(a), the commissioner must also receive any necessary legislative approval of required~~  
126.29 ~~changes to state law or funding.~~

126.30 Sec. 19. Minnesota Statutes 2014, section 256B.0615, subdivision 3, is amended to read:

126.31 Subd. 3. **Eligibility.** Peer support services may be made available to consumers

126.32 of (1) intensive ~~rehabilitative mental health~~ residential treatment services under section  
126.33 256B.0622; (2) adult rehabilitative mental health services under section 256B.0623; and  
127.1 (3) crisis stabilization and mental health mobile crisis intervention services under section  
127.2 256B.0624.

127.3 Sec. 20. Minnesota Statutes 2014, section 256B.0622, subdivision 1, is amended to read:

127.4 Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers  
127.5 medically necessary, ~~intensive nonresidential~~ assertive community treatment and intensive  
127.6 residential ~~rehabilitative mental health~~ treatment services as defined in subdivision 2, for  
127.7 recipients as defined in subdivision 3, when the services are provided by an entity meeting  
127.8 the standards in this section.

127.9 Sec. 21. Minnesota Statutes 2014, section 256B.0622, subdivision 2, is amended to read:

127.10 Subd. 2. **Definitions.** For purposes of this section, the following terms have the

127.11 meanings given them.

127.12 (a) ~~"Intensive nonresidential rehabilitative mental health services" means adult~~  
127.13 ~~rehabilitative mental health services as defined in section 256B.0623, subdivision 2,~~  
127.14 ~~paragraph (a), except that these services are provided by a multidisciplinary staff using~~  
127.15 ~~a total team approach consistent with assertive community treatment, the Fairweather~~  
127.16 ~~Lodge treatment model, as defined by the standards established by the National Coalition~~  
127.17 ~~for Community Living, and other evidence-based practices, and directed to recipients with~~  
127.18 ~~a serious mental illness who require intensive services. "Assertive community treatment"~~  
127.19 ~~means intensive nonresidential rehabilitative mental health services provided according~~  
127.20 ~~to the evidence-based practice of assertive community treatment. Core elements of this~~  
127.21 ~~service include, but are not limited to:~~

127.22 (1) a multidisciplinary staff who utilize a total team approach and who serve as a  
127.23 fixed point of responsibility for all service delivery;

127.24 (2) providing services 24 hours per day and 7 days per week;

127.25 (3) providing the majority of services in a community setting;

127.26 (4) offering a low ratio of recipients to staff; and

127.27 (5) providing service that is not time-limited.

127.28 (b) ~~"Intensive residential rehabilitative mental health treatment services" means~~  
127.29 ~~short-term, time-limited services provided in a residential setting to recipients who are~~  
127.30 ~~in need of more restrictive settings and are at risk of significant functional deterioration~~  
127.31 ~~if they do not receive these services. Services are designed to develop and enhance~~  
127.32 ~~psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live~~  
127.33 ~~in a more independent setting. Services must be directed toward a targeted discharge~~  
128.1 ~~date with specified client outcomes and must be consistent with the Fairweather Lodge~~  
128.2 ~~treatment model as defined in paragraph (a), and other evidence-based practices.~~

128.3 (c) "Evidence-based practices" are nationally recognized mental health services that  
128.4 are proven by substantial research to be effective in helping individuals with serious  
128.5 mental illness obtain specific treatment goals.

128.6 (d) "Overnight staff" means a member of the intensive residential rehabilitative  
128.7 mental health treatment team who is responsible during hours when recipients are  
128.8 typically asleep.

128.9 (e) "Treatment team" means all staff who provide services under this section to  
128.10 recipients. At a minimum, this includes the clinical supervisor, mental health professionals  
128.11 as defined in section 245.462, subdivision 18, clauses (1) to (6); mental health practitioners  
128.12 as defined in section 245.462, subdivision 17; mental health rehabilitation workers under  
128.13 section 256B.0623, subdivision 5, clause (3); and certified peer specialists under section  
128.14 256B.0615.

128.15 Sec. 22. Minnesota Statutes 2014, section 256B.0622, subdivision 3, is amended to read:

128.16 Subd. 3. **Eligibility.** An eligible recipient is an individual who:

128.17 (1) is age 18 or older;

128.18 (2) is eligible for medical assistance;

128.19 (3) is diagnosed with a mental illness;

128.20 (4) because of a mental illness, has substantial disability and functional impairment

128.21 in three or more of the areas listed in section 245.462, subdivision 11a, so that

128.22 self-sufficiency is markedly reduced;

128.23 (5) has one or more of the following: a history of ~~two or more~~ recurring or prolonged

128.24 inpatient hospitalizations in the past year, significant independent living instability,

128.25 homelessness, or very frequent use of mental health and related services yielding poor

128.26 outcomes; and

128.27 (6) in the written opinion of a licensed mental health professional, has the need for

128.28 mental health services that cannot be met with other available community-based services,

128.29 or is likely to experience a mental health crisis or require a more restrictive setting if

128.30 intensive rehabilitative mental health services are not provided.

128.31 Sec. 23. Minnesota Statutes 2014, section 256B.0622, subdivision 4, is amended to read:

128.32 Subd. 4. **Provider certification and contract requirements.** (a) The ~~intensive~~

128.33 ~~nonresidential rehabilitative mental health services~~ assertive community treatment

128.34 provider must:

129.1 (1) have a contract with the host county to provide intensive adult rehabilitative

129.2 mental health services; and

129.3 (2) be certified by the commissioner as being in compliance with this section and

129.4 section 256B.0623.

129.5 (b) The intensive residential ~~rehabilitative mental health~~ treatment services provider

129.6 must:



129.7 (1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;

129.8 (2) not exceed 16 beds per site;

129.9 (3) comply with the additional standards in this section; and

129.10 (4) have a contract with the host county to provide these services.

129.11 (c) The commissioner shall develop procedures for counties and providers to submit

129.12 contracts and other documentation as needed to allow the commissioner to determine

129.13 whether the standards in this section are met.

129.14 Sec. 24. Minnesota Statutes 2014, section 256B.0622, subdivision 5, is amended to read:

129.15 Subd. 5. **Standards applicable to both nonresidential assertive community**

129.16 **treatment and residential providers.** (a) Services must be provided by qualified staff as

129.17 defined in section 256B.0623, subdivision 5, who are trained and supervised according to

129.18 section 256B.0623, subdivision 6, except that mental health rehabilitation workers acting

129.19 as overnight staff are not required to comply with section 256B.0623, subdivision 5,

129.20 clause ~~(3)~~ (4), item (iv).

129.21 (b) The clinical supervisor must be an active member of the treatment team. The

129.22 treatment team must meet with the clinical supervisor at least weekly to discuss recipients'

129.23 progress and make rapid adjustments to meet recipients' needs. The team meeting shall

129.24 include recipient-specific case reviews and general treatment discussions among team

129.25 members. Recipient-specific case reviews and planning must be documented in the

129.26 individual recipient's treatment record.

129.27 (c) Treatment staff must have prompt access in person or by telephone to a mental

129.28 health practitioner or mental health professional. The provider must have the capacity to

129.29 promptly and appropriately respond to emergent needs and make any necessary staffing

129.30 adjustments to assure the health and safety of recipients.

129.31 (d) The initial functional assessment must be completed within ten days of intake

129.32 and updated at least every ~~three months~~ 30 days for intensive residential treatment services

129.33 and every six months for assertive community treatment, or prior to discharge from the

129.34 service, whichever comes first.

130.1 (e) The initial individual treatment plan must be completed within ten days of intake

130.2 ~~and~~ for assertive community treatment and within 24 hours of admission for intensive

130.3 residential treatment services. Within ten days of admission, the initial treatment plan

130.4 must be refined and further developed for intensive residential treatment services, except

130.5 for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180.

130.6 The individual treatment plan must be reviewed with the recipient and updated at least

130.7 monthly with the recipient for intensive residential treatment services and at least every

130.8 six months for assertive community treatment.

130.9 Sec. 25. Minnesota Statutes 2014, section 256B.0622, subdivision 7, is amended to read:

130.10 Subd. 7. **Additional standards for ~~nonresidential services~~ assertive community**

130.11 **treatment.** The standards in this subdivision apply to ~~intensive nonresidential~~

130.12 ~~rehabilitative mental health~~ assertive community treatment services.

130.13 (1) The treatment team must use team treatment, not an individual treatment model.

130.14 (2) The clinical supervisor must function as a practicing clinician at least on a

130.15 part-time basis.

130.16 (3) The staffing ratio must not exceed ten recipients to one full-time equivalent

130.17 treatment team position.

130.18 (4) Services must be available at times that meet client needs.

130.19 (5) The treatment team must actively and assertively engage and reach out to the

130.20 recipient's family members and significant others, after obtaining the recipient's permission.

130.21 (6) The treatment team must establish ongoing communication and collaboration

130.22 between the team, family, and significant others and educate the family and significant

130.23 others about mental illness, symptom management, and the family's role in treatment.

130.24 (7) The treatment team must provide interventions to promote positive interpersonal

130.25 relationships.

130.26 Sec. 26. Minnesota Statutes 2014, section 256B.0622, subdivision 8, is amended to read:

130.27 Subd. 8. **Medical assistance payment for intensive rehabilitative mental health**

130.28 **services.** (a) Payment for ~~intensive residential and nonresidential~~ treatment services

130.29 ~~and assertive community treatment~~ in this section shall be based on one daily rate per

130.30 provider inclusive of the following services received by an eligible recipient in a given

130.31 calendar day: all rehabilitative services under this section, staff travel time to provide

130.32 rehabilitative services under this section, and nonresidential crisis stabilization services

130.33 under section 256B.0624.

131.1 (b) Except as indicated in paragraph (c), payment will not be made to more than one

131.2 entity for each recipient for services provided under this section on a given day. If services

131.3 under this section are provided by a team that includes staff from more than one entity, the

131.4 team must determine how to distribute the payment among the members.

131.5 (c) The commissioner shall determine one rate for each provider that will bill

131.6 medical assistance for residential services under this section and one rate for each

131.7 ~~nonresidential assertive community treatment~~ provider. If a single entity provides both

131.8 services, one rate is established for the entity's residential services and another rate for the

131.9 entity's nonresidential services under this section. A provider is not eligible for payment

131.10 under this section without authorization from the commissioner. The commissioner shall

131.11 develop rates using the following criteria:

131.12 (1) ~~the cost for similar services in the local trade area;~~

131.13 ~~(2)~~ (1) the provider's cost for services shall include direct services costs, other  
131.14 program costs, and other costs determined as follows:

131.15 (i) the direct services costs must be determined using actual costs of salaries, benefits,  
131.16 payroll taxes, and training of direct service staff and service-related transportation;

131.17 (ii) other program costs not included in item (i) must be determined as a specified  
131.18 percentage of the direct services costs as determined by item (i). The percentage used shall  
131.19 be determined by the commissioner based upon the average of percentages that represent  
131.20 the relationship of other program costs to direct services costs among the entities that  
131.21 provide similar services;

131.22 (iii) ~~in situations where a provider of intensive residential services can demonstrate~~  
131.23 ~~actual program-related physical plant costs in excess of the group residential housing~~  
131.24 ~~reimbursement, the commissioner may include these costs in the program rate, so long~~  
131.25 ~~as the additional reimbursement does not subsidize the room and board expenses of the~~  
131.26 ~~program physical plant costs calculated based on the percentage of space within the~~  
131.27 ~~program that is entirely devoted to treatment and programming. This does not include~~  
131.28 ~~administrative or residential space;~~

131.29 (iv) ~~intensive nonresidential services assertive community treatment physical plant~~  
131.30 costs must be reimbursed as part of the costs described in item (ii); and

131.31 (v) subject to federal approval, up to an additional five percent of the total rate ~~must~~  
131.32 may be added to the program rate as a quality incentive based upon the entity meeting  
131.33 performance criteria specified by the commissioner;

131.34 ~~(3)~~ (2) actual cost is defined as costs which are allowable, allocable, and reasonable,  
131.35 and consistent with federal reimbursement requirements under Code of Federal  
132.1 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and Office of  
132.2 Management and Budget Circular Number A-122, relating to nonprofit entities;

132.3 ~~(4)~~ (3) the number of service units;

132.4 ~~(5)~~ (4) the degree to which recipients will receive services other than services under  
132.5 this section; and

132.6 ~~(6)~~ (5) the costs of other services that will be separately reimbursed; ~~and~~

132.7 ~~(7) input from the local planning process authorized by the adult mental health~~  
132.8 ~~initiative under section 245.4661, regarding recipients' service needs.~~

132.9 (d) The rate for intensive ~~rehabilitative mental health residential treatment~~ services  
132.10 and assertive community treatment must exclude room and board, as defined in section  
132.11 256I.03, subdivision 6, and services not covered under this section, such as partial  
132.12 hospitalization, home care, and inpatient services.

132.13 (e) Physician services that are not separately billed may be included in the rate to the  
132.14 extent that a psychiatrist, or other health care professional providing physician services  
132.15 within their scope of practice, is a member of the treatment team. Physician services,  
132.16 whether billed separately or included in the rate, may be delivered by telemedicine. For  
132.17 purposes of this paragraph, "telemedicine" has the meaning given to "mental health  
132.18 telemedicine" in section 256B.0625, subdivision 46, when telemedicine is used to provide  
132.19 intensive residential treatment services.

132.20 (e) (f) When services under this section are provided by an intensive nonresidential  
132.21 service assertive community treatment provider, case management functions must be an  
132.22 integral part of the team.

132.23 (f) (g) The rate for a provider must not exceed the rate charged by that provider for  
132.24 the same service to other payors.

132.25 (g) (h) The rates for existing programs must be established prospectively based upon  
132.26 the expenditures and utilization over a prior 12-month period using the criteria established  
132.27 in paragraph (c). The rates for new programs must be established based upon estimated  
132.28 expenditures and estimated utilization using the criteria established in paragraph (c).

132.29 (h) (i) Entities who discontinue providing services must be subject to a settle-up  
132.30 process whereby actual costs and reimbursement for the previous 12 months are  
132.31 compared. In the event that the entity was paid more than the entity's actual costs plus  
132.32 any applicable performance-related funding due the provider, the excess payment must  
132.33 be reimbursed to the department. If a provider's revenue is less than actual allowed costs  
132.34 due to lower utilization than projected, the commissioner may reimburse the provider to  
132.35 recover its actual allowable costs. The resulting adjustments by the commissioner must  
133.1 be proportional to the percent of total units of service reimbursed by the commissioner  
133.2 and must reflect a difference of greater than five percent.

133.3 (i) (j) A provider may request of the commissioner a review of any rate-setting  
133.4 decision made under this subdivision.

133.5 Sec. 27. Minnesota Statutes 2014, section 256B.0622, subdivision 9, is amended to read:

133.6 Subd. 9. **Provider enrollment; rate setting for county-operated entities.** Counties  
133.7 that employ their own staff to provide services under this section shall apply directly to  
133.8 the commissioner for enrollment and rate setting. In this case, a county contract is not  
133.9 required and the commissioner shall perform the program review and rate setting duties  
133.10 which would otherwise be required of counties under this section.

133.11 Sec. 28. Minnesota Statutes 2014, section 256B.0622, subdivision 10, is amended to  
133.12 read:

133.13 Subd. 10. **Provider enrollment; rate setting for specialized program.** A county  
133.14 contract is not required for a provider proposing to serve a subpopulation of eligible  
133.15 recipients ~~may bypass the county approval procedures in this section and receive approval~~  
133.16 ~~for provider enrollment and rate setting directly from the commissioner under the~~  
133.17 following circumstances:

133.18 (1) the provider demonstrates that the subpopulation to be served requires a  
133.19 specialized program which is not available from county-approved entities; and

133.20 (2) the subpopulation to be served is of such a low incidence that it is not feasible to  
133.21 develop a program serving a single county or regional group of counties.

133.22 ~~For providers meeting the criteria in clauses (1) and (2), the commissioner shall~~  
133.23 ~~perform the program review and rate setting duties which would otherwise be required of~~  
133.24 ~~counties under this section.~~

133.25 Sec. 29. Minnesota Statutes 2014, section 256B.0622, is amended by adding a  
133.26 subdivision to read:

133.27 Subd. 11. **Sustainability grants.** The commissioner may disburse grant funds  
133.28 directly to intensive residential treatment services providers and assertive community  
133.29 treatment providers to maintain access to these services.

133.30 Sec. 30. Minnesota Statutes 2014, section 256B.0624, subdivision 7, is amended to read:

134.1 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be  
134.2 provided by qualified staff of a crisis stabilization services provider entity and must meet  
134.3 the following standards:

134.4 (1) a crisis stabilization treatment plan must be developed which meets the criteria  
134.5 in subdivision 11;

134.6 (2) staff must be qualified as defined in subdivision 8; and

134.7 (3) services must be delivered according to the treatment plan and include  
134.8 face-to-face contact with the recipient by qualified staff for further assessment, help with  
134.9 referrals, updating of the crisis stabilization treatment plan, supportive counseling, skills  
134.10 training, and collaboration with other service providers in the community.

134.11 (b) If crisis stabilization services are provided in a supervised, licensed residential  
134.12 setting, the recipient must be contacted face-to-face daily by a qualified mental health  
134.13 practitioner or mental health professional. The program must have 24-hour-a-day  
134.14 residential staffing which may include staff who do not meet the qualifications in  
134.15 subdivision 8. The residential staff must have 24-hour-a-day immediate direct or telephone  
134.16 access to a qualified mental health professional or practitioner.

134.17 (c) If crisis stabilization services are provided in a supervised, licensed residential  
 134.18 setting that serves no more than four adult residents, and ~~no more than two are recipients~~  
 134.19 ~~of crisis stabilization services~~ one or more individuals are present at the setting to receive  
 134.20 residential crisis stabilization services, the residential staff must include, for at least eight  
 134.21 hours per day, at least one individual who meets the qualifications in subdivision 8,  
 134.22 paragraph (a), clause (1) or (2).

134.23 (d) If crisis stabilization services are provided in a supervised, licensed residential  
 134.24 setting that serves more than four adult residents, and one or more are recipients of crisis  
 134.25 stabilization services, the residential staff must include, for 24 hours a day, at least one  
 134.26 individual who meets the qualifications in subdivision 8. During the first 48 hours that a  
 134.27 recipient is in the residential program, the residential program must have at least two staff  
 134.28 working 24 hours a day. Staffing levels may be adjusted thereafter according to the needs  
 134.29 of the recipient as specified in the crisis stabilization treatment plan.

134.30 Sec. 31. Minnesota Statutes 2014, section 256B.0625, is amended by adding a  
 134.31 subdivision to read:

134.32 Subd. 45a. **Psychiatric residential treatment facility services for persons under**  
 134.33 **21 years of age.** (a) Medical assistance covers psychiatric residential treatment facility  
 134.34 services for persons under 21 years of age. Individuals who reach age 21 at the time they  
 135.1 are receiving services are eligible to continue receiving services until they no longer  
 135.2 require services or until they reach age 22, whichever occurs first.

135.3 (b) For purposes of this subdivision, "psychiatric residential treatment facility"  
 135.4 means a facility other than a hospital that provides psychiatric services, as described in  
 135.5 Code of Federal Regulations, title 42, sections 441.151 to 441.182, to individuals under  
 135.6 age 21 in an inpatient setting.

135.7 (c) The commissioner shall develop admissions and discharge procedures and  
 135.8 establish rates consistent with guidelines from the federal Centers for Medicare and  
 135.9 Medicaid Services.

135.10 (d) The commissioner shall enroll up to 150 certified psychiatric residential  
 135.11 treatment facility services beds at up to six sites. The commissioner shall select psychiatric  
 135.12 residential treatment facility services providers through a request for proposals process.  
 135.13 Providers of state-operated services may respond to the request for proposals.

135.14 **EFFECTIVE DATE.** This section is effective July 1, 2017, or upon federal  
 135.15 approval, whichever is later. The commissioner of human services shall notify the revisor  
 135.16 of statutes when federal approval is obtained.

135.17 Sec. 32. Minnesota Statutes 2014, section 256B.0625, subdivision 48, is amended to  
 135.18 read:

301.33 Sec. 10. Minnesota Statutes 2014, section 256B.0625, is amended by adding a  
 301.34 subdivision to read:

302.1 Subd. 45a. **Psychiatric residential treatment facility services for persons under**  
 302.2 **21 years of age.** (a) Medical assistance covers psychiatric residential treatment facility  
 302.3 services for persons under 21 years of age. Individuals who reach age 21 at the time they  
 302.4 are receiving services are eligible to continue receiving services until they no longer  
 302.5 require services or until they reach age 22, whichever occurs first.

302.6 (b) For purposes of this subdivision, "psychiatric residential treatment facility"  
 302.7 means a facility other than a hospital that provides psychiatric services, as described in  
 302.8 Code of Federal Regulations, title 42, sections 441.151 to 441.182, to individuals under  
 302.9 age 21 in an inpatient setting.

302.10 (c) The commissioner shall develop admissions and discharge procedures and  
 302.11 establish rates consistent with guidelines from the federal Centers for Medicare and  
 302.12 Medicaid Services.

302.13 (d) The commissioner shall enroll up to 150 certified psychiatric residential  
 302.14 treatment facility services beds at up to six sites. The commissioner shall select psychiatric  
 302.15 residential treatment facility services providers through a request for proposals process.  
 302.16 Providers of state-operated services may respond to the request for proposals.

302.17 **EFFECTIVE DATE.** This section is effective July 1, 2016, or upon federal  
 302.18 approval, whichever is later. The commissioner of human services shall notify the revisor  
 302.19 of statutes when federal approval is obtained.

135.19 Subd. 48. **Psychiatric consultation to primary care practitioners.** Medical  
 135.20 assistance covers consultation provided by a psychiatrist, a psychologist, or an advanced  
 135.21 practice registered nurse certified in psychiatric mental health, a licensed independent  
 135.22 clinical social worker, as defined in section 245.462, subdivision 18, clause (2), or a  
 135.23 licensed marriage and family therapist, as defined in section 245.462, subdivision 18,  
 135.24 clause (5), via telephone, e-mail, facsimile, or other means of communication to primary  
 135.25 care practitioners, including pediatricians. The need for consultation and the receipt of the  
 135.26 consultation must be documented in the patient record maintained by the primary care  
 135.27 practitioner. If the patient consents, and subject to federal limitations and data privacy  
 135.28 provisions, the consultation may be provided without the patient present.

135.29 Sec. 33. **[256B.7631] CHEMICAL DEPENDENCY PROVIDER RATE**  
 135.30 **INCREASE.**

135.31 For the chemical dependency services listed in section 254B.05, subdivision 5, and  
 135.32 provided on or after July 1, 2015, payment rates shall be increased by two percent over  
 135.33 the rates in effect on January 1, 2014, for vendors who meet the requirements of section  
 135.34 254B.05.

136.1 Sec. 34. **CLUBHOUSE PROGRAM SERVICES.**

136.2 The commissioner of human services, in consultation with stakeholders, shall  
 136.3 develop service standards and a payment methodology for Clubhouse program services  
 136.4 to be covered under medical assistance when provided by a Clubhouse International  
 136.5 accredited provider or a provider meeting equivalent standards. The commissioner shall  
 136.6 seek federal approval for the service standards and payment methodology. Upon federal  
 136.7 approval, the commissioner must seek and obtain legislative approval of the services  
 136.8 standards and funding methodology allowing medical assistance coverage of the service.

136.9 Sec. 35. **EXCELLENCE IN MENTAL HEALTH DEMONSTRATION PROJECT.**

302.20 Sec. 11. **[256B.7631] CHEMICAL DEPENDENCY PROVIDER RATE**  
 302.21 **INCREASE.**

302.22 For the chemical dependency services listed in section 254B.05, subdivision 5, and  
 302.23 provided on or after July 1, 2015, payment rates shall be increased by 2.5 percent over  
 302.24 the rates in effect on January 1, 2014, for vendors who meet the requirements of section  
 302.25 254B.05.

302.26 Sec. 12. **REPORT TO LEGISLATURE; PERFORMANCE MEASURES FOR**  
 302.27 **CHEMICAL DEPENDENCY TREATMENT SERVICES.**

302.28 The commissioner of human services, in consultation with members of the  
 302.29 Minnesota State Substance Abuse Strategy and representatives of counties, tribes, health  
 302.30 plan companies, and chemical dependency treatment providers, shall develop performance  
 302.31 measures to assess the outcomes of chemical dependency treatment services. The  
 302.32 commissioner shall report these performance measures to the members of the health and  
 302.33 human services policy and finance committees in the house of representatives and senate  
 302.34 on or before January 15, 2016.

303.18 Sec. 15. **CLUBHOUSE PROGRAM SERVICES.**

303.19 The commissioner of human services, in consultation with stakeholders, may  
 303.20 develop service standards and a payment methodology for Clubhouse program services  
 303.21 to be covered under medical assistance when provided by a Clubhouse International  
 303.22 accredited provider or a provider meeting equivalent standards. The commissioner may  
 303.23 seek federal approval for the service standards and payment methodology. Upon federal  
 303.24 approval, the commissioner must seek and obtain legislative approval of the services  
 303.25 standards and funding methodology allowing medical assistance coverage of the service.

303.11 Sec. 14. **EXCELLENCE IN MENTAL HEALTH DEMONSTRATION PROJECT.**

136.10 By January 15, 2016, the commissioner of human services shall report to the  
 136.11 legislative committees in the house of representatives and senate with jurisdiction over  
 136.12 human services issues on the progress of the Excellence in Mental Health demonstration  
 136.13 project under Minnesota Statutes, section 245.735. The commissioner shall include in  
 136.14 the report any recommendations for legislative changes needed to implement the reform  
 136.15 projects specified in Minnesota Statutes, section 245.735, subdivision 4.

136.16 Sec. 36. **RATE-SETTING METHODOLOGY FOR COMMUNITY-BASED**  
 136.17 **MENTAL HEALTH SERVICES.**

136.18 The commissioner of human services shall conduct a comprehensive analysis  
 136.19 of the current rate-setting methodology for all community-based mental health  
 136.20 services for children and adults. The report shall include an assessment of alternative  
 136.21 payment structures, consistent with the intent and direction of the federal Centers for  
 136.22 Medicare and Medicaid Services, that could provide adequate reimbursement to sustain  
 136.23 community-based mental health services regardless of geographic location. The report  
 136.24 shall also include recommendations for establishing pay-for-performance measures for  
 136.25 providers delivering services consistent with evidence-based practices. In developing the  
 136.26 report, the commissioner shall consult with stakeholders and with outside experts in  
 136.27 Medicaid financing. The commissioner shall provide a report on the analysis to the chairs  
 136.28 of the legislative committees with jurisdiction over health and human services finance  
 136.29 by January 1, 2017.

136.30 Sec. 37. **REPORT ON HUMAN SERVICES DATA SHARING TO**  
 136.31 **COORDINATE SERVICES AND CARE OF A PATIENT.**

136.32 The commissioner of human services, in coordination with Hennepin County, shall  
 136.33 report to the legislative committees with jurisdiction over health care financing on the  
 137.1 fiscal impact, including the estimated savings, resulting from the modifications to the Data  
 137.2 Practices Act in the 2015 legislative session, permitting the sharing of public welfare data  
 137.3 and allowing the exchange of health records between providers to the extent necessary to  
 137.4 coordinate services and care for clients enrolled in public health care programs. Counties  
 137.5 shall provide information regarding the number of clients receiving care coordination, and  
 137.6 improved outcomes achieved due to data sharing, to the commissioner of human services  
 137.7 to include in the report. The report is due January 1, 2017.

137.8 Sec. 38. **COMPREHENSIVE MENTAL HEALTH PROGRAM IN BELTRAMI**  
 137.9 **COUNTY.**

303.12 By January 15, 2016, the commissioner of human services shall report to the  
 303.13 legislative committees in the house of representatives and senate with jurisdiction over  
 303.14 human services issues on the progress of the Excellence in Mental Health demonstration  
 303.15 project under Minnesota Statutes, section 245.735. The commissioner shall include in  
 303.16 the report any recommendations for legislative changes needed to implement the reform  
 303.17 projects specified in Minnesota Statutes, section 245.735, subdivision 3.

303.1 Sec. 13. **RATE-SETTING METHODOLOGY FOR COMMUNITY-BASED**  
 303.2 **MENTAL HEALTH SERVICES.**

303.3 The commissioner of human services shall conduct a comprehensive analysis of  
 303.4 the current rate-setting methodology for all community-based mental health services  
 303.5 for children and adults. The report shall also include recommendations for establishing  
 303.6 pay-for-performance measures for providers delivering services consistent with  
 303.7 evidence-based practices. In developing the report, the commissioner shall consult with  
 303.8 stakeholders and with outside experts in Medicaid financing. The commissioner shall  
 303.9 provide a report on the analysis to the chairs of the legislative committees with jurisdiction  
 303.10 over health and human services finance by January 1, 2017.

304.31 Sec. 19. **COMPREHENSIVE MENTAL HEALTH CENTER.**



137.10 (a) The \$500,000 appropriated to the commissioner of human services for a grant to  
 137.11 Beltrami County to fund the planning and development of a comprehensive mental health  
 137.12 program is contingent upon Beltrami County providing to the commissioner of human  
 137.13 services a formal commitment and plan to fund, operate, and sustain the program and  
 137.14 services after the onetime state grant is expended. The county must provide evidence  
 137.15 of the funding stream or mechanism, and a sufficient local funding commitment, that  
 137.16 will ensure that the onetime state investment in the program will result in a sustainable  
 137.17 program without future state grants. The funding stream may include state funding for  
 137.18 programs and services for which the individuals served under this section may be eligible.  
 137.19 The grant under this section cannot be used for any purpose that could be funded with  
 137.20 state bond proceeds. This is a onetime appropriation.

137.21 (b) The planning and development of the program by the county must include an  
 137.22 integrated care model for the provision of mental health and substance use disorder  
 137.23 treatment for the individuals served under paragraph (c), in collaboration with existing  
 137.24 services. The model may include mobile crisis services, crisis residential services,  
 137.25 outpatient services, and community-based services. The model must be patient-centered,  
 137.26 culturally competent, and based on evidence-based practices.

137.27 (c) The comprehensive mental health program will serve individuals who are:

137.28 (1) under arrest or subject to arrest who are experiencing a mental health crisis;

137.29 (2) under a transport hold under Minnesota Statutes, section 253B.05, subdivision  
 137.30 2; or

137.31 (3) in immediate need of mental health crisis services.

137.32 (d) The commissioner of human services may encourage the commissioners of  
 137.33 the Minnesota Housing Finance Agency, corrections, and health to provide technical  
 137.34 assistance and support in the planning and development of the mental health program  
 137.35 under paragraph (a). The commissioners of the Minnesota Housing Finance Agency and  
 138.1 human services may explore a plan to develop short-term and long-term housing for  
 138.2 individuals served by the program, and the possibility of using existing appropriations  
 138.3 available in the housing finance budget for low-income housing or homelessness.

138.4 (e) The commissioner of human services, in consultation with Beltrami County,  
 138.5 shall report to the senate and house of representatives committees having jurisdiction over  
 138.6 mental health issues the status of the planning and development of the mental health  
 138.7 program, and the plan to financially support the program and services after the state grant  
 138.8 is expended, by November 1, 2017.

304.32 (a) To the extent funds are appropriated for the purposes of this section, the  
 304.33 commissioner of human services shall establish a grant for Beltrami County to fund the  
 305.1 planning and development of a comprehensive mental health center for individuals who  
 305.2 are under arrest or subject to arrest, individuals who are experiencing a mental health  
 305.3 crisis, or individuals who are under a transport hold under Minnesota Statutes, section  
 305.4 253B.05, subdivision 2, in Beltrami County and northwestern Minnesota. The program  
 305.5 must be a sustainable, integrated care model for the provision of mental health and  
 305.6 substance use disorder treatment for the population served in collaboration with existing  
 305.7 services. The model may include mobile crisis services, crisis residential services,  
 305.8 outpatient services, and community-based services. The model must be patient-centered,  
 305.9 culturally competent, and based on evidence-based practices.

305.10 (b) The program shall maintain data on the extent to which the center reduces  
 305.11 incarceration and hospitalization rates for individuals with mental illness or co-occurring  
 305.12 disorders, and the extent to which the center impacts service utilization for these  
 305.13 individuals. In order to have the capacity to be replicated in other areas of the state, the  
 305.14 center must report outcomes to the commissioner, at a time and in a manner determined  
 305.15 by the commissioner. The commissioner shall use the data to evaluate the effect the  
 305.16 program has on incarceration rates and services utilization, and report to the chairs and  
 305.17 ranking minority members of the senate and house of representatives committees having  
 305.18 jurisdiction over health and human services and corrections issues every two years,  
 305.19 beginning February 1, 2017.

305.20 (c) The commissioner shall encourage the commissioners of the Minnesota Housing  
 305.21 Finance Agency, corrections, and health to provide technical assistance and support to this  
 305.22 program. The commissioner, together with the commissioner of health, shall determine  
 305.23 the most appropriate model for licensure of the proposed services and which agency  
 305.24 will regulate the services of the center. The commissioners of the Minnesota Housing  
 305.25 Finance Agency and human services shall work with the center to provide short-term  
 305.26 and long-term housing for individuals served by the center within the limits of existing  
 305.27 appropriations available for low-income housing or homelessness.

**SECTION 16 MOVED TO APPROPRIATIONS, SENATE ARTICLE 12/HOUSE ARTICLE 14**304.5 Sec. 17. **INSTRUCTIONS TO THE COMMISSIONER.**

304.6 The commissioner of human services shall, in consultation with stakeholders, develop  
304.7 recommendations on funding for children's mental health crisis residential services that will  
304.8 allow for timely access without requiring county authorization or child welfare placement.

305.28 Sec. 20. **REPORT ON INTENSIVE COMMUNITY REHABILITATION**305.29 **SERVICES.**

305.30 (a) The commissioner of human services shall issue a report to the chairs and  
305.31 ranking minority members of the house and senate committees with jurisdiction over  
305.32 health and human services programs that contains recommendations on the intensive  
305.33 community rehabilitation services program, including options for sustainable funding  
305.34 models. The report shall:

306.1 (1) analyze how the intensive community rehabilitation services program provides  
306.2 needed mental health services and supports that are not currently covered by medical  
306.3 assistance;

306.4 (2) identify similar program models that are used in other states to fill similar service  
306.5 gaps and the program funding sources used by those states;

306.6 (3) analyze how the intensive community rehabilitation services model differs  
306.7 between rural and metro areas;

306.8 (4) make recommendations for expanding services; and

306.9 (5) analyze potential sources for sustainable funding, including inclusion as a  
306.10 medical assistance benefit.

306.11 (b) The commissioner shall include stakeholders in developing recommendations  
306.12 and developing the legislative report. The commissioner shall submit the report no later  
306.13 than January 15, 2016.

306.14 Sec. 21. **COMMISSIONER'S DUTIES RELATED TO PEER SPECIALIST**306.15 **TRAINING AND OUTREACH.**

306.16 The commissioner shall collaborate with the Minnesota State Colleges and  
306.17 Universities system to identify coursework to fulfill the peer specialist training  
306.18 requirements. In addition, the commissioner shall provide outreach to community mental  
306.19 health providers to increase their knowledge on how peer specialists can be utilized, best  
306.20 practices on hiring peer specialists, how peer specialist activities can be billed, and the  
306.21 benefits of hiring peer specialists.

**SECTION 22 MOVED TO CONTINUING CARE, SENATE ARTICLE 6/HOUSE  
ARTICLE 4.**