

1.1 moves to amend H.F. No. 3104, the delete everything amendment
1.2 (A20-0745), as follows:

1.3 Page 22, after line 16, insert:

1.4 "Sec. Minnesota Statutes 2018, section 256B.0625, subdivision 56a, is amended to
1.5 read:

1.6 Subd. 56a. ~~Post-arrest~~ Officer-involved community-based service care
1.7 **coordination.** (a) Medical assistance covers ~~post-arrest~~ officer-involved community-based
1.8 service care coordination for an individual who:

1.9 (1) has ~~been identified as having~~ screened positive for benefiting from treatment for a
1.10 mental illness or substance use disorder using a screening tool approved by the commissioner;

1.11 (2) does not require the security of a public detention facility and is not considered an
1.12 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
1.13 435.1010;

1.14 (3) meets the eligibility requirements in section 256B.056; and

1.15 (4) has agreed to participate in ~~post-arrest~~ officer-involved community-based ~~service~~
1.16 care coordination through a diversion contract in lieu of incarceration.

1.17 (b) ~~Post-arrest~~ Officer-involved community-based service care coordination means
1.18 navigating services to address a client's mental health, chemical health, social, economic,
1.19 and housing needs, or any other activity targeted at reducing the incidence of jail utilization
1.20 and connecting individuals with existing covered services available to them, including, but
1.21 not limited to, targeted case management, waiver case management, or care coordination.

1.22 (c) ~~Post-arrest~~ Officer-involved community-based service care coordination must be
1.23 provided by an individual who is an employee of ~~a county~~ or is under contract with a county,

2.1 or is an employee of or under contract with an Indian health service facility or facility owned
2.2 and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638
2.3 facility to provide ~~post-arrest~~ officer-involved community-based care coordination and is
2.4 qualified under one of the following criteria:

2.5 (1) a licensed mental health professional as defined in section 245.462, subdivision 18,
2.6 clauses (1) to (6);

2.7 (2) a mental health practitioner as defined in section 245.462, subdivision 17, working
2.8 under the clinical supervision of a mental health professional; ~~or~~

2.9 (3) a certified peer specialist under section 256B.0615, working under the clinical
2.10 supervision of a mental health professional;

2.11 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
2.12 subdivision 5; or

2.13 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
2.14 supervision of an individual qualified as an alcohol and drug counselor under section
2.15 245G.11, subdivision 5.

2.16 (d) Reimbursement is allowed for up to 60 days following the initial determination of
2.17 eligibility.

2.18 (e) Providers of ~~post-arrest~~ officer-involved community-based ~~service~~ care coordination
2.19 shall annually report to the commissioner on the number of individuals served, and number
2.20 of the community-based services that were accessed by recipients. The commissioner shall
2.21 ensure that services and payments provided under ~~post-arrest~~ officer-involved
2.22 community-based ~~service~~ care coordination do not duplicate services or payments provided
2.23 under section 256B.0625, subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

2.24 (f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for
2.25 post-arrest community-based service coordination services shall be provided by the county
2.26 providing the services, from sources other than federal funds or funds used to match other
2.27 federal funds."

2.28 Renumber the sections in sequence and correct the internal references

2.29 Amend the title accordingly