

## DISABILITY LAW

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### Acronyms Used in this Section

CCBHC	=	Certified Community Behavioral Health Clinics
CADI	=	Community Alternatives for Disability Inclusion
CDCS	=	Consumer-Directed Community Supports
CFSS	=	Community First Services and Supports
DEED	=	Minnesota Department of Employment and Economic Development
DHS	=	Minnesota Department of Human Services
HCBS	=	Home and Community-Based Services Waiver
LTSS	=	Long-Term Care Supports and Services
MA	=	Medical Assistance
SFY	=	State Fiscal Year

*Note: This section summarizes legislative changes affecting disability and mental health law, services and funding. Please also see the following other sections: Health Law, Long-Term Care Services and Supports, and Public Benefits, [http://mylegalaid.org/downloads/2016\\_Session\\_Summaries.pdf](http://mylegalaid.org/downloads/2016_Session_Summaries.pdf) for additional, related changes.*

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## ACCESS

### **I. CLOSED CAPTIONING ON TELEVISIONS IN MEDICAL FACILITIES**

*Chapter 150 (SF 2603)*

*Adds Minn. Stat. § 144.611*

*Effective August 1, 2016*

#### **A. Activation of Closed Captioning Feature Required**

##### **1. Initial Activation**

Requires that any television in a waiting room in health care facilities licensed under Chapter 144 of Minnesota Statutes that is used by the general public or persons using or requesting service must have a closed captioning feature activated at all times if the television has closed captioning capability. Requires health care facilities to make reasonable efforts to prevent the deactivation of the closed captioning feature  
*Adds Minn. Stat. § 144.611(b)*

##### **2. Reactivation**

Provides that deactivation by a member of the public or individual using or requesting service at the facility is not a violation so long as the health care facility reactivates the feature as soon as practicable.  
*Adds Minn. Stat. § 144.611(c)*

#### **B. No Impact on Other Disability Law or Rights**

Specifies that this section does not affect any other provision of law relating to disability discrimination or providing reasonable accommodations or diminish the rights of a person with a disability under other law.  
*Adds Minn. Stat. § 144.611(d)*

### **II. LEGAL ACTIONS INVOLVING ARCHITECTURAL BARRIERS THAT LIMIT PHYSICAL ACCESS**

*Chapter 159 (HF 2955)*

*Amends Minn. Stat. § 363A.28, subd. 3*

*Adds Minn. Stat. § 363A.331*

*Effective May 23, 2016*

#### **A. Notice of Architectural Barrier**

##### **1. Requirements**

Requires that a notice (demand letter) sent by a plaintiff's attorney alleging violation of Minnesota Human Rights Act or the Americans with Disabilities Act sections requiring removal of physical barriers to access in public

accommodations must: (1) be dated; (2) cite the law alleged to be violated; (2) identify each architectural barrier; (3) specify the location on the premises of the barrier; (4) provide a reasonable time for a response, which may not be less than 30 days; and (5) be in or substantially in a statutory short form. Provides that no other civil action may be taken until the expiration of the time provided in the notice.

*Adds Minn. Stat. § 363A.331, subd. 2(a) (Requirements)*

*Adds Minn. Stat. § 363A.331, subd. 3 (Statutory Short Form)*

2. Prohibition

Prohibits a notice (demand letter) from including a monetary demand, but permits an offer to engage in settlement negotiations before litigation.

*Adds Minn. Stat. § 363A.331, subd. 2(b)*

3. Exemptions

Exempts the following persons from the provisions governing notices (demand letters): (1) a person who is not represented by an attorney; or (2) attorneys representing the state or a political subdivision of the state.

*Adds Minn. Stat. § 363A.331, subd. 5(a)*

**B. Tolling of Statute of Limitation**

Tolls the one-year statute of limitation for bringing a claim of an unfair discriminatory practice under the Minnesota Human Rights Act for the period provided in the notice (demand letter).

*Amends Minn. Stat. § 363A.28, subd. 3*

**C. Affirmative Defenses**

1. Defenses

Establishes that, in civil action brought in Minnesota courts alleging a violation of Minnesota Human Rights Act or the Americans with Disabilities Act for failure to remove a physical barrier to access, the defendant has the following affirmative defenses if the defendant demonstrates that it: (1) has removed the barrier (2) is in compliance with the Minnesota Human Rights Act or the Americans with Disabilities Act; or (3) is exempt from compliance with the Minnesota Human Rights Act or the Americans with Disabilities Act because compliance is not readily achievable.

*Amends Minn. Stat. § 363A.28, subd. 4(a)*

2. Burden of Proof

Places the burden of proof on a plaintiff challenging a finding in an audit performed by a certified professional that the business establishment or place

of public accommodation is in compliance or that compliance is not readily achievable.

*Amends Minn. Stat. § 363A.28, subd. 4(b)*

### **III. OUTREACH AND EDUCATION ON LAWS GOVERNING ARCHITECTURAL BARRIER REMOVAL**

*Chapter 189, Article 7, Section 3 (HF 2749)*

*Uncodified Section*

*Effective July 1, 2016*

Appropriates \$100,000 in fiscal year 2017 to the Department of Labor and Industry to provide outreach and education concerning requirements under state or federal law governing removal of architectural barriers that limit access to public accommodations by persons with disabilities and resources that are available to comply with those requirements.

## **HOME CARE**

### **I. HOME CARE LICENSING**

*Chapter 179, Sections 6, 7, and 8 (HF 3142)*

*Amends Minn. Stat. §§ 144A.471, subd. 9; 144A.473, subd. 2; 144A.475, subds. 3, 3b*

*Effective August 1, 2016*

#### **A. Temporary Licenses**

Modifies the Minnesota Department of Health (MDH) home care license statute governing basic and comprehensive licenses to allow for license periods of less than one year.

*Amends Minn. Stat. § 144A.473, subd. 2*

#### **B. MDH Powers re: Level 3 Violations**

Grants MDH additional authority to issue a conditional license to a home care provider prior to a contested case hearing if notice is provided. Limits the new authority to issue the conditional license (and the existing authority to temporarily suspend a license or prohibit the delivery of services) to Level 3 violations “that do not pose an imminent risk of harm to the health or safety of person’s in the provider’s care. Requires hearing within 30 days. Requires providers to comply with client notification and transfer requirements.

*Amends Minn. Stat. § 144A.475, subd. 3 (Powers)*

*Amends Minn. Stat. § 144A.475, subd. 3b (Hearing/Notice and Transfer Requirements)*

*Adds Minn. Stat. § 144A.475, subd. 3c (Immediate Temporary Suspension)*

*Note: A Level 3 is a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead serious injury, impairment, or death. See Minn. Stat. § 144A.474, subd. 11(b)*

**C. MDH Powers re: Level 4 Violations or Violations that Pose Imminent Risk**

Authorizes MDH to immediately temporarily suspend a home care provider's license, prohibit delivery of services by a provider, or issue a conditional license if MDH determines that either: (1) there are Level 4 violations; or (2) violations "pose an imminent risk of harm to the health or safety of persons in the provider's care."

Requires notice and right to appeal. Requires providers to comply with client notification and transfer requirements.

*Amends Minn. Stat. § 144A.475, subd. 3 (Powers)*

*Adds Minn. Stat. § 144A.475, subd. 3c (Immediate Temporary Suspension)*

*Note: A Level 4 is a violation that results in serious injury, impairment, or death. See Minn. Stat. § 144A.474, subd. 11(b)*

**D. Exclusions**

Excludes employees of licensed nursing homes or home care providers from home care licensure and exempts these employees from the requirement to provide the home care bill of rights when the employee: (1) responds to occasional emergency calls from a location where home care services are provided; and (2) provides occasional minor services free of charge to individuals residing in a residential setting that is attached to or located on property contiguous to the nursing home, boarding care home, or location where home care services are also provided.

*Amends Minn. Stat. § 144A.471, subd. 9*

**LONG-TERM CARE SERVICES AND SUPPORTS**

**I. FETAL ALCOHOL SPECTRUM DISORDER (FASD) TRAINING FOR CHILD FOSTER CARE**

*Chapter 101 (SF 2896)*

*Amends Minn. Stat. § 245A.175*

*Effective August 1, 2016*

Adds one hour of training on FASD to the child foster care training requirements.

**II. HOME AND COMMUNITY WAIVER  
CONSUMER-DIRECTED COMMUNITY SUPPORTS (CDCS)**

*Chapter 144 (SF 2881)*

*Uncodified Provision*

*Effective June 1, 2016*

Extends the 2012 CDCS high school graduate budget exception for employment or services during the day to those who graduate in 2013 and beyond. Effective until federal approval of the 2015 CDCS budget increase expansion to anyone of any age who needs the increase because traditional employment or services during the day would cost more than services under CDCS.

**III. HOME AND COMMUNITY BASED SERVICES (HCBS) DISABILITY WAIVERS FINANCIAL AND  
WAITLIST PUBLIC INFORMATION**

*Chapter 143 (SF 2857)*

*Adds Minn. Stat. § 256B.0916, subd. 8*

*Effective August 1, 2016*

Requires DHS to add to its Web site: (1) waiting list information; and (2) specific financial information, including, the most recent end of session forecast available for the HCBS disability programs. Requires the Governor to consider including in his 2018-2019 biennial budget, a proposal to establish rate floors for HCBS disability waiver rate system after the banding period.

**IV. SPOUSAL ANTI-IMPOVERISHMENT CHANGES**

*Chapter 189, Article 19, Sections 4 - 8 (HF 2749)*

*Amends Minn. Stat. § 256B.059, subds. 1, 2, 3 and 5*

*Adds Minn. Stat. § 256B.059, subd. 6*

*Repeals Minn. Stat. § 256B.059, subd. 1a*

*Various Effective Dates*

**A. Community Spouse Asset Allowance Increase**

Simplifies the asset eligibility process for married persons who need HCBS waivers, Community First Services and Supports (CFSS) or nursing facility services by increasing the amount their unassisted (community) spouse can retain up to the allowed federal maximum of \$119,220. Appropriates \$4.63 million for 2017 and \$28.459 million for 2018-19.

*Amends Minn. Stat. § 256B.059, subd. 3*

*Effective June 1, 2016*

**B. Determination of Assets for Married Persons Applying for HCBS Waivers, Community First Services and Supports (CFSS) or Institutional Services**

Provides that assets considered available for the spouse seeking services include all the couple's assets minus the community spouse asset allowance of \$119,220 plus \$3,000 for the spouse applying for services. If the couple has no more than that amount, the person seeking services will meet the asset eligibility requirements.

*Amends Minn. Stat. § 256B.059, subd. 3*

*Effective June 1, 2016*

**C. Asset Hardship Exception for Retirement and College Savings Accounts**

Provides an additional hardship exception to allow a community spouse to retain assets in excess of the maximum – as provided in Minn. Stat. § 256B.059, subd. 3 (See A. above) – provided the assets are in the form of tax deferred retirement accounts, which cannot be withdrawn without penalty (must be under 59.5 years of age) and college savings accounts for a child under age 25. The retirement and college savings account assets are excluded from the assets attributed to the spouse seeking eligibility for services.

*Amends Minn. Stat. § 256B.059, subd. 3*

*Effective June 1, 2016, provided that DHS is instructed to cease implementation of these changes if the federal government denies the state plan amendment*

*Note: Protected retirement assets are defined as only those retirement assets held by the community spouse in a tax-deferred retirement account, including: (1) a defined benefit plan; (2) a defined contribution plan; an employer-sponsored individual retirement arrangement; or (4) an individually purchased individual retirement arrangement. Protected education funds are defined as "only funds in a plan designated under section 529 of the Internal Revenue Code on behalf of a child of either or both spouses who is under 25 years of age."*

**D. Temporary Application of Spousal Anti-Im impoverishment (SAI) Rules for Disability HCBS Waiver and Community First Services and Supports (CFSS) Participants**

The changes in the spousal anti-im impoverishment rules for the under age 65 disability HCBS waiver and CFSS participants are effective on various dates until the federal government changes federal policy on imposing the SAI rules on those under age 65 eligible for HCBS disability waiver and CFSS programs.

*Adds Minn. Stat. § 256B.059, subd. 6*

*Effective:*

*June 1, 2016 for institutionalized spouses applying for home and community-based disability waivers on or after June 1, 2016 and expires upon notification to DHS that the Center for Medicare and Medicaid Services (CMS) approved the continuation of the deeming rules in effect on May 31, 2016, for the treatment of the assets of a community spouse.*

*March 1, 2017 for institutionalized spouses enrolled in home and community-based waivers before June 1, 2016 and expire upon notification to DHS that the Center for Medicare and Medicaid Services (CMS) approved the continuation of the deeming rules in effect on May 31, 2016, for the treatment of the assets of a community spouse.*

*June 1, 2016 for institutionalized spouses applying for Community First Services and Supports services.*

**NOTE:** *The federal agency, Center for Medicare and Medicaid Services (CMS), recently approved DHS's plan to limit the application of the spousal anti-im impoverishment rules for those eligible for disability waivers (generally those under age 65 qualified for BI, CAC, CADI, DD waiver programs) to persons who became eligible from January 1, 2014 and after, the effective date of the SAI federal mandate in the Affordable Care Act. The use of the January 1, 2014 effective date reduces the number of families projected to be hurt by 80%. See DHS Bulletin for further information [Bulletin #16-21-08](#).*

## OLMSTEAD PLAN RELATED PROVISIONS

### **I. COMMUNITY INTEGRATION OF PEOPLE WITH DISABILITIES**

*Chapter 163, Article 3, Section 12 (SF 2414)*

*Uncodified Section*

*Effective August 1, 2016*

Directs DHS, Department of Education, Minnesota Housing Finance Agency, and the Department of Employment and Economic Development (DEED) to consult with stakeholders and develop a collaborative action plan in alignment with the state's Olmstead Plan to increase the community integration of people with disabilities, including housing, community living, and competitive employment. Specifies the following goals for the action plan: (1) align policies and funding, streamline access to services, and increase efficiencies in interagency collaboration; and (2) allow persons with disabilities who use listed services to access a unified record of their services, using existing methods for unified records, where appropriate. Requires recommendations and proposed statutory changes to be provided to the Legislature by January 1, 2017.

### **II. HOUSING SUPPORT SERVICES**

*Chapter 163, Article 3, Section 13 (SF 2414)*

*Uncodified Section*

*Effective August 1, 2016*

#### **A. Comprehensive Housing Services Design**

Directs the Department of Human Services (DHS) to “design comprehensive housing services to support an individual's ability to obtain or maintain stable housing.”

#### **B. Goals**

Specifies that the goals of the initiative are to: (1) improve housing stability; (2) increase opportunities for integrated community living; (3) prevent and reduce homelessness; (4) increase overall health and well-being of people with housing instability; and (5) reduce inefficient use of health care that may result from housing instability.

#### **C. “Housing Benefit Set Proposal”**

Directs DHS to develop a proposal for housing support services that includes:

(1) housing transition services, including tenant screening, moving expenses, and payment for accessibility modifications; and (2) housing and tenancy sustaining services, including training on tenant and landlord roles and responsibilities, advocacy, and linkage to eviction prevention resources. Provides that implementation of any proposal is contingent upon legislative approval.



**D. Stakeholder Input**

Requires DHS to consult with: (1) people who may utilize the service; (2) advocates; (3) providers; (4) counties; (5) tribes; (6) health plans; and (7) landlords.

**E. Progress Report to Legislature**

Requires DHS present a progress report to the Health and Human Services legislative committees by February 1, 2017.

**III. OLMSTEAD PLAN – DAY TRAINING AND HABILITATION PROGRAM**

*Chapter 189, Article 7, Sections 2 and 44 (HF 2749)*

*Uncodified Section*

*Effective July 1, 2016*

**A. Establishment**

Directs DEED to establish a day training and habilitation grant program to fulfill its goals under the Olmstead Plan. Articulates the Olmstead Plan purpose as “ensuring that people with disabilities have choices for competitive, meaningful, and sustained employment in the most integrated setting.”

*Chapter 189, Article 7, Section 44, Subdivision 1*

*Note: Defines “Olmstead Plan” as “Minnesota’s 2013 Olmstead Plan, dated November 1, 2013, and all subsequent modifications approved by the United States District Court.”*

**B. Competitive Grant Process**

Directs DEED to seek proposals from eligible day training and habilitation providers to improve individual employment outcomes. Provides that, generally, funds must be used to align programs, funding, and policies to support the ability of persons with disabilities to choose, get, and maintain “competitive” employment and self-employment.

*Chapter 189, Article 7, Section 44, Subd. 3*

*Note: Eligible day training and habilitation providers are those who certify that they do not possess a certification as provided by section 14(c) of the Fair Labor Standards Act. See Chapter 189, Article 7, Sections 2, Subd. 4(a)*

**C. Appropriation**

Appropriates \$800,000 in Fiscal Year 2017 from the Workforce Development Fund for grants to day training and habilitation providers. Provides that \$250,000 of the appropriation is for a pilot program for home-based, technology-enhanced monitoring of persons with disabilities.

*Chapter 189, Article 7, Section 2, Subd. 4(a)*

**D. Eligibility for Receipt of Services**

Makes “any person who has a disability as determined by the Social Security Administration or state medical review team” eligible to receive services provided with grant funds.

*Chapter 189, Article 7, Section 44, Subd. 4*

**E. Consultation Required**

Requires DEED – in designing, implementing, and evaluating the competitive grant program – to consult with: (1) the Governor's Workforce Development Council; (2) the Commission of Deaf, DeafBlind, and Hard-of-Hearing Minnesotans; (3) the Governor's Council on Developmental Disabilities; and (4) other Governor-appointed Disability Councils.

*Chapter 189, Article 7, Sections 44, Subd. 5*

**F. Report to the Legislature**

Requires DEED to report to the Legislature on or before February 1, 2017, and annually thereafter, on the amount of funds awarded and the outcomes reported by grantees.

*Chapter 189, Article 7, Section 44, Subd. 6*

**IV. OLMSTEAD PLAN RELATED SERVICES**

*Chapter 189, Article 13, Section 2, Subd. 2 (HF 2749)*

*Appropriations Provision*

*Effective July 1, 2016*

Provides \$148,000 for SFY 2017 to the Department of Administration for the Governor’s Council on Developmental Disabilities for two fellowship positions for increased capacity for *Olmstead* Plan related services for persons with disabilities.

**OMBUDSMAN**

**I. OMBUDSMAN FOR LONG-TERM CARE**

*Chapter 163, Article 1 (SF 2414)*

*Amends Minn. Stat. §§ 256.974; 256.9741; 256.9742*

*Adds Minn. Stat. § 256.9741, subds. 7 and 8*

*Effective May 23, 2016*

**A. Change in Status**

Specifies that the Ombudsman for Long-Term Care is no longer a program within the Minnesota Board of Aging, but a distinct entity, separately identifiable from other state

agencies.

*Amends Minn. Stat. §§ 256.974*

*Note: This change is required to comply with a change in federal rules issued by the Administration on Aging.*

**B. Definition and Redefinition**

1. “State Long-Term Care Ombudsman”

Defines the Ombudsman for Long-Term Care as the State Long-Term Care Ombudsman.

*Adds Minn. Stat. § 256.9741, subd. 8*

2. “Representatives of the Office”

Redefines the following persons as “representatives of the office”: (1) employees of the Office of the Ombudsman for Long-Term Care; (2) Regional Ombudsman; and certified ombudsman volunteers.

*Adds Minn. Stat. § 256.9741, subd. 7*

**II. Ombudsman for Mental Health and Developmental Disabilities**

*Chapter 189, Article 23, Section 5 (HF 2749)*

*Rider Provision*

*Effective January 1, 2016*

Provides increased funding for the Ombudsman for Mental Health and Developmental Disabilities of \$250,000 for SFY 2017.

**SPECIAL EDUCATION**

**I. SPECIAL EDUCATION**

*Chapter 189, Article 29, Sections 1, 3, 4, 7, and 8 (HF 2749)*

*Amends Minn. Stat. §§ 124D.15, subd. 15; 125A.08; 125A.0942, subd. 3; and 125A.0942, subd. 4*

*Adds Minn. Stat. § 120B.125(e)*

*Various Effective Dates*

**A. Planning for Successful Transition to Postsecondary Education and Employment**

Adds that the student’s Individualized Education Program (IEP) or standardized written plan satisfies the written transition plan requirement and no additional plan is needed.

*Adds Minn. Stat. § 120B.125(e)*

*Effective July 1, 2016*

**B. School Readiness Program Eligibility**

Modifies school readiness program eligibility requirements by providing that a standardized written plan (as an alternative to an IEP) qualifies the child.

*Amends Minn. Stat. § 124D.15, subd. 15*

*Effective July 1, 2016*

**C. Individualized Education Programs, Other Health Disability**

Adds a requirement that a school district evaluation team must seek written documentation of the student's medically diagnosed chronic or acute health condition signed by a licensed physician or licensed health care provider acting within the scope of the provider's practice before the team makes a determination of other health disability.

*Amends Minn. Stat. § 125A.08*

*Effective May 25, 2016*

**D. Seclusion**

Replaces “prone restraint” with “seclusion” in the statute requiring recommendations for elimination of restrictive procedures. Directs school districts, beginning with the 2016-2017 school year, to report quarterly to the Department of Education (by January 15, April 15, July 15, and October 15 each year) about the seclusion of individual students.

*Amends Minn. Stat. § 125A.0942, subd. 3(b)*

*Effective for the 2016-2017 school year and later*

**E. Prone Restraint**

Prohibits the use of prone restraint by schools.

*Amends Minn. Stat. § 125A.0942, subd. 4*

*Effective May 25, 2016*

**II. STUDENT DISCIPLINE WORK GROUP**

*Chapter 189, Article 24, Section 57 (HF 2749)*

*Uncodified Provision*

*Effective Day Following Enactment and Expires February 2, 2017*

Establishes a 21-member work group of designated organizations, including the Minnesota Disability Law Center, to examine data, best practices and review the Pupil Fair Dismissal Act in order to provide recommendations for changes to the Legislature by February 1, 2017.

**STATE SERVICES FOR THE BLIND**

**I. STATE SERVICES FOR THE BLIND – SERVICES FOR ELDERS WHO ARE BECOMING BLIND**

*Chapter 189, Article 12, Section 2, Subd. 2(w) (HF 2749)*

*Uncodified Section*

*Effective July 1, 2016*

Appropriates \$1,000,000 in fiscal year 2017 to the State Services for the Blind to provide services for elders who are becoming blind. Provides that at least half of the funds must be used for training elders who are becoming blind to continue to live independently in their homes.

## MENTAL HEALTH

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### I. **ASSERTIVE COMMUNITY TREATMENT (ACT)**

*Chapter 163, Article 2, Section 5 (SF 2414)*

*Amends Minn. Stat. § 256B.0622, as amended by Laws 2015, chapter 71, article 2, sections 23 to 32*

*Effective: July 1, 2016, for ACT teams certified after January 1, 2016*

*January 1, 2017 for ACT teams certified before January 1, 2016*

Adds definitions, updates standards, and rearranges Minn. Stat. § 256B.0622 primarily relating to Assertive Community Treatment (ACT). Separates provisions relating to ACT and Intensive Residential Treatment Services (IRTS), which both fall under this section of law.

#### A. **Definitions**

Amends or adds definitions of the following terms: (1) "ACT Team"; (2) "Assertive Community Treatment"; (3) "Individual Treatment Plan"; (4) "Assertive Engagement"; (5) "Benefits and Finance Support"; (6) "Co-occurring Disorder Treatment"; (7) "Crisis Assessment and Intervention"; (8) "Employment Services"; (9) "Family Psychoeducation and Support"; (9) "Housing Access Support"; (10) "Individual Treatment Team"; (11) "Intensive Residential Treatment Services Treatment Team"; (12) "Intensive Residential Treatment Services"; (13) "Medication Assistance and Support"; (14) Medication Education;" (15) "Overnight Staff"; (16) "Mental Health Certified Peer Specialist Services"; (17) "Physical Health Services"; (18) "Primary Team Member"; (19) "Rehabilitative Mental Health Services"; "Symptom Management"; (20) "Therapeutic Interventions"; and (21) "Wellness Self-Management and Prevention."  
*Amends Minn. Stat. § 256B.0622, subd. 2*

**B. Eligibility for ACT**

Provides new criteria for initial and continuing eligibility (and discharge) for ACT services.

1. Initial Eligibility

Requires: (1) a mental health professional to document that no other community resources are available to provide treatment as effectively as ACT services; and (2) an individual to: (i) be at least 18 years old, provided that DHS may approve individuals who are 16 or 17 for services; (ii) have a diagnosis of a psychotic disorder or bipolar disorder; (iii) have significant function impairment; and (iv) have a need for continuous high-intensity services.

*Adds Minn. Stat. § 256B.0622, subd. 2a*

2. Continuing Eligibility

Requires that, among other things: (1) the client has not achieved desired outcomes of the individual treatment plan; (2) the client's level of functioning has not been restored, improved or sustained over the time frame outlined in the treatment plan; (3) the client continues to be at risk of relapse; (4) the client's condition would deteriorate if services are not continued.

*Adds Minn. Stat. § 256B.0622, subd. 2b(a)*

3. Discharge

Provides that clients are eligible for discharge if they meet at least one of the following criteria: (1) the client and the ACT team determine ACT services are no longer needed; (2) the client moves; (3) the client withdraws and reengagement attempts are unsuccessful; (4) the client needs nursing home placement for more than three months; (5) the client is hospitalized or jailed for more than three months; (6) the ACT team is unable to locate, contact, or engage the client for more than three months; or (7) the client requests a discharge. Allows client to return if the client within three months if the client is transferred to another provider the ACT team's service area.

*Adds Minn. Stat. § 256B.0622, subd. 2b(b) and (c)*

**C. IRTS Standards and Staffing**

Recodifies and adds standards, including staffing requirements, for IRTS services.

*Adds Minn. Stat. §§ 256B.0622, subd. 5a*

**D. ACT Standards and Staffing**

Adds: (1) ACT standards; and (2) ACT staffing requirements and roles.

*Amends Minn. Stat. § 256B.0622, subd. 7 (Standards)*

*Adds Minn. Stat. § 256B.0622, subd. 7b (Staffing Requirements and Roles)*

*Adds Minn. Stat. § 256B.0622, subd. 7c (Caseloads for Small, Midsize and Large ACT Teams)*

**E. ACT Treatment Plan**

Requires a diagnostic assessment and a 30-day treatment plan to be completed the day of the client's admission. Establishes time frames for: (1) completion of a functional assessment; (2) an in-depth assessment; and a comprehensive case conference. Establishes the requirements for development of individual treatment plans.

*Adds Minn. Stat. § 256B.0622, subd. 7e*

**F. Other ACT Requirements**

Requires ACT teams to provide at least 75% of all services outside an office or facility setting. Specifies that teams must: (1) be responsive to changing needs of clients; (2) interact with families and other support persons; (3) conduct daily meetings; and (4) engage clients in services.

*Adds Minn. Stat. § 256B.0622, subd. 7d*

**G. Provider Certification**

Recodifies and adds certification requirements for ACT and IRTS service providers.

*Amends Minn. Stat. § 256B.0622, subd. 4 (IRTS Provider Certification)*

*Adds Minn. Stat. § 256B.0622, subd. 3a (ACT Provider Certification)*

**II. CERTIFIED COMMUNITY BEHAVIOIRAL HEALTH CLINICS (CCBHC)**

*Chapter 189, Article 16, Sections 1 and 2 (HF 2749)*

*Amends Minn. Stat. § 245.735, subds. 3 and 4*

*Effective May 25, 2016*

**A. Requirements for CCBHCs**

Establishes standards for certification as a CCBHC. Adds requirements for "coordination of care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral needs."

Allows care coordination to be accomplished through: (1) partnerships or formal contracts with government, nonprofit, and for-profit entities; and (2) community supports, services, and providers. Appropriates \$188,000 for SFY 2017 and \$8.4 million for the next biennium.

*Amends Minn. Stat. § 245.735, subd. 3(a)*



**B. Department of Human Services (DHS) Obligations and Authorities**

1. Evidence-Based Practices

Requires DHS to issue a list of required evidence-based practices – and allows DHS to provide a list of recommended evidence-based practices – to be used by CCBHCs.

*Amends Minn. Stat. § 245.735, subd. 3(e)*

2. Bonus Payment System

Allows DHS to include quality bonus payments in the prospective payment system based on: (1) federal criteria; and (2) a clinic's provision of the evidence-based practices.

*Amends Minn. Stat. § 245.735, subd. 3(f)*

3. Seeking Federal Approval

Requires DHS to seek federal approval to continue federal financial participation payment for CCBHC services after the federal demonstration period ends for clinics that: (1) were certified as CCBHCs during the demonstration period; and (2) continue to meet the CCBHC certification standards. Provides the program ends if federal approval cannot be obtained.

*Amends Minn. Stat. § 245.735, subd. 3(g)*

4. Public Participation

Amends existing law to require DHS to collaborate and partner with stakeholders on the implementation of CCBHCs. Adds the following groups to the list of stakeholders: (1) substance use disorder treatment providers; (2) counties; (3) tribes; (4) hospitals; and (5) other health care providers.

*Amends Minn. Stat. § 245.735, subd. 4*

**III. RENTAL ASSISTANCE FOR PERSONS WITH MENTAL ILLNESS**

*Chapter 189, Article 16, Section 3 (HF 2749)*

*Amends Minn. Stat. § 245.99, subd. 2*

*Effective May 25, 2016*

Changes the eligibility diagnosis requirement for the Adult Mental Illness Crisis Housing Assistance Program from “serious and persistent mental illness” (as defined in Minn. Stat. § 245.462, subd. 20) to “serious mental illness” in order to expand the number of persons eligible.

**IV. SCHOOL LINKED MENTAL HEALTH GRANTS**

*Chapter 189, Article 23, Section 2, Subd. 4(e) (HF 2749)*

*Appropriations Provision*

*Effective July 1, 2016*

Increases grants for school linked mental health services by \$33,000 for SFY 2017 and \$1.45 million per year for the next biennium.