

DISABILITY AND MENTAL HEALTH LAW

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Acronyms Used in this Section

AMRTC	=	Anoka Regional Treatment Center
CCBHC	=	Certified Community Behavioral Health Clinics
CABHS	=	Child Adolescent and Behavioral Health Services
CADI	=	Community Alternatives for Disability Inclusion
CDCS	=	Consumer-Directed Community Supports
CFSS	=	Community First Services and Supports
CMS	=	Centers for Medicare and Medicaid Services
DEED	=	Minnesota Department of Employment and Economic Development
DHS	=	Minnesota Department of Human Services
DT&H	=	Day Training and Habilitation
DWRS	=	Disability Waiver Rate System
EDIBI	=	Early Intensive Developmental and Behavioral Intervention
HCBS	=	Home and Community-Based Services Waiver
ICF/DD	=	Intermediate Care Facility for Persons with Developmental Disabilities
LTSS	=	Long-Term Care Supports and Services
MA	=	Medical Assistance
MA-EPD	=	Medical Assistance for Employed Persons with Disabilities
MSA	=	Minnesota Supplemental Assistance
MSH	=	Minnesota Security Hospital
MSOCS	=	Minnesota State Operated Community Services
PRTF	=	Psychiatric Residential Treatment for Persons under Age 21
SFY	=	State Fiscal Year

Note: This section summarizes legislative changes affecting disability and mental health law, services and funding. Please also see the Health Law and Public Benefits for additional, related changes.

Autism Spectrum Disorder

I. EARLY INTENSIVE DEVELOPMENTAL BEHAVIORAL INTERVENTION MA SERVICE CHANGES

Regular Session, Chapter 19

Amends Minn. Stat. § 256B.0949

Effective dates:

Sec. 1, Sub. 1-9, 13-14, 16 July 1, 2017;

Sub. 15, 17 April 28, 2017;

Sub. 10-12 August 1, 2017

Modifies numerous provisions of the M.A. EIDBI benefit for children with Autism Spectrum Disorder, including: (1) provider qualifications; (2) covered services; and (3) geographic access provisions.

II. FUNDING FOR MINNESOTA LIFE COLLEGE

Regular Session, Chapter 89, Article 1, Section 2, Subdivision 37

First Special Session, Chapter 6, Article 18, Section 2, Subdivision 29 (f) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Appropriations Rider

Effective July 1, 2017

A. Minnesota Life College Grant

Provides \$125,000 for a Department of Human Services (DHS) grant each year of the SFY 2018-19 biennium to an organization in Richfield (Minnesota Life College) for best practices curriculum development to serve persons with Autism Spectrum Disorder and to expand facilities to improve safety, residential and academic areas.

B. Scholarship Funding

Appropriates \$2 million for the SFY 2018-19 biennium (\$1 million per year) to the Office of Higher Education (OHE) for need-based scholarships for students to attend Minnesota Life College.

III. SOMALI AUTISM FUNDING

First Special Session, Chapter 6, Article 18, Section 12, Subdivision 2 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified provision

Effective July 1, 2017

Requires the Department of Health to provide a grant to Dakota County to partner with a community-based organization to address barriers for Somali families with children who have autism. Requires the Department to report to the Legislature on the use of the grant funds and outcomes by January 15, 2019.

Chemical Health

I. PUBLIC POLICY ON ALCOHOL AND DRUG USE

First Special Session, Chapter 6, Article 8, Section 38 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 254A.01

Effective January 1, 2018

Declares it to be public policy that: (1) scientific evidence shows that addiction to alcohol or other drugs is a chronic brain disorder with potential for recurrence, and people with substance use disorders can be effectively treated and enter recovery; and (2) the interests of society are best served by reducing the stigma of substance use disorder and providing persons who are dependent upon alcohol or other drugs with a comprehensive range of rehabilitative and social services that span intensity levels and are not restricted to a particular point in time.

II. NEW DEFINITIONS

First Special Session, Chapter 6, Article 8, Sections 43 and 46 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 254A.02, subds. 6a and 10a

Effective January 1, 2018

A. “Substance Misuse”

Adds the definition of “substance misuse” to mean “the use of any psychoactive or mood-altering substance, without compelling medical reason, in a manner that results in mental, emotional, or physical impairment and causes socially dysfunctional or socially disordering behavior and that results in psychological dependence or physiological addiction as a function of continued use.” Provides that “substance misuse” has the same meaning as drug abuse or abuse of drugs.

Adds Minn. Stat. § 254A.02, subd. 6a

B. “Substance Use Disorder”

Adds the definition of “substance use disorder” to mean “the meaning given in the current Diagnostic and Statistical Manual of Mental Disorders.”

Adds Minn. Stat. § 254A.02, subd. 10a

III. SUBSTANCE USE DISORDER SERVICES

First Special Session, Chapter 6, Article 8, Sections 14 – 35, 47 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 254A.03, subd. 3

Adds Chapter 245G (Minn. Stat. §§ 245G.01 – 245G.22)

Effective January 1, 2018

A. Substance Use Disorder Treatment for Public Assistance Recipients

Provides that, notwithstanding Minnesota Rules, upon federal approval of a comprehensive assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, an eligible vendor of comprehensive assessments under Minn. Stat. § 254B.05 may determine and approve the appropriate level of substance use disorder treatment for a recipient of public assistance.

Amends Minn. Stat. § 254A.03, subd. 3

B. New Standards in New Chapter

Establishes standards for substance use disorder services: (1) mostly codifying existing rules; (2) consolidating provisions relating to opioid treatment programs; and (3) including new language expanding peer recovery support services and care coordination, subject to federal approval.

Adds Chapter 245G (Minn. Stat. §§ 245G.01 – 245G.22)

IV. VENDORS OF COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY SERVICES

First Special Session, Chapter 6, Article 8, Section 58 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 245B.05, subd. 1

Effective January 1, 2018 or upon federal approval, whichever is later

Provides that, on July 1, 2018, or upon federal approval, whichever is later, a licensed professional in private practice who meets the staffing qualifications requirements of the new substance use disorder chapter (specifically new Minn. Stat. § 245G.11, subds. 1 and 4) is an eligible vendor of a comprehensive assessment and assessment summary.

Deaf and Hard of Hearing Act Modifications

I. BILLING FOR MENTAL HEALTH SERVICES

First Special Session, Chapter 6, Article 1, Section 50 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Uncodified Section
Effective July 1, 2017

Requires DHS to report to Legislature by January 1, 2018 on the potential costs and benefits of the Deaf and Hard-of-Hearing Services Division billing for the cost of providing mental health services.

II. DEAF AND HARD-OF-HEARING SERVICES DIVISION OF DHS

First Special Session, Chapter 6, Article 1, Sections 36 - 40 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 256C.233, subds. 1 and 2; and 256C.24, subds. 1, 2, and 3
Effective July 1, 2017

A. Specific Activities

Specifies that the Commissioners of Education, Employment and Economic Development and Health shall advise the Commissioner of Human Services on the activities of the Deaf and Hard-of-Hearing Division and updates terminology.
Amends Minn. Stat. § 256C.233, subd. 1

B. Responsibilities

Modifies and expands the duties of the Deaf and Hard-of-Hearing Division, both within DHS and with other agencies and counties, to include: (1) information; (2) advocacy; (3) training; (4) service provision, including mental health services; (5) research; and (6) reports to the Legislature.

Amends Minn. Stat. § 256C.233, Subd. 2.

C. Definitions

Adds definitions of: (1) “culturally affirmative”; (2) “interpreting services”; and (3) “Real-time captioning.” Modifies the definition of “deaf” by including additional examples of visual and manual means of communication.

Adds Minn. Stat. § 256C.23, subd. 1a (“culturally affirming”)

Adds Minn. Stat. § 256C.23, subd. 2c (“interpreting services”)

Adds Minn. Stat. § 256C.23, subd. 6 (“Real-time captioning”)

Amends Minn. Stat. § 256C.23, subd. 2 (“deaf”)

D. Regional Service Centers

1. Location

Requires the Division to establish at least six regional service centers. Incorporates people first language and updates the list of duties a regional service center must perform. Allows travel reimbursement for people traveling more than 50 miles round-trip from home or work to receive services at a regional service center in accordance to IRS reimbursement rates.

Amends Minn. Stat. § 256C.24, subds. 1 and 2

2. Services for Persons who are Deafblind

Clarifies DHS' deaf-blind grant funding responsibilities. Prohibits the regional service centers from providing grant-funded consumer-directed services.

Amends Minn. Stat. § 256C.261

III. STUDY OF TELECOMMUNICATIONS EQUIPMENT PROGRAM

First Special Session, Chapter 6, Article 1, Section 49 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section

Effective July 1, 2017

Requires the DHS and the Commission of Deaf, Deaf-Blind and Hard-Of-Hearing Minnesotans to propose recommendations to the Legislature by January 15, 2018 to modernize the telecommunication equipment program and provide draft legislative language to enact the recommendations

Effective July 1, 2017.

Education: K-12

I. INTERMEDIATE SCHOOL DISTRICT MENTAL HEALTH PROJECTS

First Special Session, Chapter 5, Article 3, Section 56 (HF 2)

Omnibus E-12 Education Finance and Policy Bill

Uncodified Section

Effective July 1, 2017.

Establishes a grant program to fund projects which improve mental health outcomes for youth in intermediate school districts developed by mental health providers in collaboration with school districts. Appropriates \$4.9 million for the SFY 2018-19 biennium (\$2,450,000 per year) from the general fund to DHS for a grant program to

fund innovative projects to improve mental health outcomes for youth attending a qualifying school unit.

II. POSITIVE BEHAVIORIAL INTERVENTION AND SUPPORTS

First Special Session, Chapter 5, Article 2, Section 26 (HF 2)

Omnibus E-12 Education Finance and Policy Bill

Amends Minn. Stat. § 122A.627

Effective July 1, 2017

Adds a definition of “positive behavioral intervention and supports” to include evidence-based practices and interventions.

III. TRANSPORTATION FOR SCHOOL-LINKED MENTAL HEALTH SERVICES

First Special Session, Chapter 6, Article 8, Section 7 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 245.4889, Subd. 1.

Effective July 1, 2017.

Allows school-linked mental health grant funding to be used for transporting children receiving school-linked mental health services when school is not in session.

Higher Education

I. HIGHER EDUCATION FOR STUDENTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Regular Session, Chapter 89, Article 2, Sections 8 and 18 (HF 943)

Omnibus Higher Education Finance and Policy Bill

Adds Minn. Stat. §§ 136A.1215 and 137.45

Various Effective Dates

A. Financial Assistance for Students with Intellectual and Developmental Disabilities

Establishes a program to provide financial assistance to students with intellectual and developmental disabilities who attend a Minnesota postsecondary institution. Provides that the grant covers the tuition and fees at the student's postsecondary institution, minus any Pell or state grants or institutional aid.

Adds Minn. Stat. § 136A.1215

Effective August 1, 2017

B. Students with Intellectual and Developmental Disabilities at U of M-Morris

Requests the Board of Regents to offer an academic program at the University of Minnesota-Morris consisting of “an inclusive, full-time, two-year residential college experience” for students with intellectual and developmental disabilities. Requires an enrollment goal of at least 15 incoming students per academic year.

Provides that students who successfully complete the program must be awarded a certificate, diploma, or other appropriate academic credential.

Adds Minn. Stat. §137.45

Effective beginning in the 2018-2019 academic year

II. FUNDING FOR MINNESOTA LIFE COLLEGE

Regular Session, Chapter 89, Article 1, Section 2, Subdivision 37 (SF 943)

Omnibus Higher Education Finance and Policy Bill

First Special Session, Chapter 6, Article 18, Section 2, Subdivision 29 (f) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Appropriations Riders

Effective July 1, 2017

A. Minnesota Life College Grant

Provides \$125,000 for a DHS grant each year of the SFY 2018-19 biennium to an organization in Richfield (Minnesota Life College) for best practices curriculum development to serve persons with Autism Spectrum Disorder and to expand facilities to improve safety, residential and academic areas.

First Special Session, Chapter 6, Article 18, Section 2, Subdivision 29 (f) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

B. Scholarship Funding

Appropriates \$2 million for the SFY 2018-19 biennium (\$1 million per year) to the Office of Higher Education (OHE) for need-based scholarships for students to attend Minnesota Life College.

Regular Session, Chapter 89, Article 1, Section 2, Subdivision 37 (SF 943)

Omnibus Higher Education Finance and Policy Bill

Employment

I. ANOKA COUNTY COMPETITIVE EMPLOYMENT PILOT PROGRAM

Regular Session, Chapter 94, Article 1, Sections 2, subd. 3 paragraph (kk) (SF 1456)

Omnibus Jobs and Economic Development Finance and Policy Bill

Effective July 1, 2017

Appropriates \$150,000 to Anoka County for a pilot program for transition age youth ages 18-21 to include career guidance, job-seeking and job performance skills in collaboration with schools, vocational rehabilitation, disability service providers. Allows grant funds to be used to pay employers up to 50% of wages paid during on-the-job training.

II. ASSISTIVE TECHNOLOGY OF MINNESOTA

*Regular Session, Chapter 94, Article 1, Sections 2, subd. 3 paragraph (hh) (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Effective July 1, 2017*

Appropriates \$1,000,000, available until June 30, 2019 to the Department of Employment and Economic Development for a grant to Assistive Technology of Minnesota to provide low-interest loans to individuals of all ages and types of disabilities to purchase assistive technology and employment-related equipment.

Note: Assistive Technology Minnesota is a statewide nonprofit organization that is exclusively dedicated to the issues of access to and the acquisition of assistive technology.

III. DAY TRAINING & HABILITATION

*First Special Session, Chapter 6, Article 1, Section 3 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 252.41, subd. 3
Effective upon federal approval*

Removes supported employment from the list of day training & habilitation services. Clarifies that work-related activities are center-based. Specifies that day training & habilitation services do not include, as defined in the HCBS waivers for people with disabilities authorized under Minn. Stat. §§ 256B.092 and 256B.49: (1) employment exploration; (2) employment development; or employment support services.

IV. DIVISION OF VOCATIONAL REHABILITATION FUNDING INCREASE

*Regular Session, Chapter 94, Article 1, Section 2, Subdivision 6 (a) (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Appropriations Rider
Effective July 1, 2017*

Appropriates \$28,600,000 for the SFY 2018-19 biennium (\$14,300,000 each year) for the state's vocational rehabilitation program administered by the Department of Employment and Economic Development (DEED). Provides an increase of \$7 million for the SFY 2018-19 biennium (\$3.5 million each year) for the state's vocational rehabilitation program to meet two new federal mandates to provide preemployment transition services for youth with a disability and to meet with individuals receiving subminimum wage to determine if they would like to pursue competitive integrated employment.

V. EMPLOYMENT SERVICES ADDED TO DISABILITY HCBS WAIVERS

*First Special Session, Chapter 6, Article 1, Sections 2, 23, 24, and 47 (SF2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 245D.03, subd. 1; and 256B.4914, subds. 3 and 5
Uncodified provision
Effective upon federal approval*

Adds the following services as defined in the disability HCBS waiver plans to the licensing statute as intensive support services and to the rate setting methodology statute: (1) employment exploration services; (2) employment development services; and (3) employment supports services. Requires DHS to submit necessary waivers to: (1) add the new employment services to Minnesota's disability HCBS waivers; and (2) remove community-based employment services from DT&H and prevocational services by October 1, 2017.

VI. EMPLOYMENT SERVICES FOR PERSONS WHO ARE DEAF, DEAFBLIND, OR HARD-OF-HEARING

*Regular Session, Chapter 94, Article 1, Sections 2, subd 6 (e) (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Effective July 1, 2017*

Provides \$1 million each year of the biennium for employment services for persons who are deaf, deafblind, or hard-of-hearing for programs through the Department of Employment and Economic Security.

VII. EMPLOYMENT SERVICES FOR PERSONS WITH MENTAL ILLNESS

*Regular Session, Chapter 94, Article 1, Sections 2, subd 6 (d) (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Effective July 1, 2017*

Appropriates \$5,110,000 for the SFY 2018-19 biennium (\$2,555,000 each year) to the Department of Employment and Economic Development for grants to programs that provide employment support services to persons with mental illness under Minn. Stat. §§ 268A.13 and 268A.14.

VIII. EXTENDED EMPLOYMENT SERVICES FOR PERSONS WITH SEVERE DISABILITIES

*Regular Session, Chapter 94, Article 1, Sections 2, subd. 6 (c) (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Effective July 1, 2017*

Appropriates \$27,650,000 (from multiple sources) for the SFY 2018-19 biennium (\$13,825,000 each year) to the Department of Employment and Economic Development with \$1 million per year designated for rate increases for providers of extended employment services for persons with severe disabilities under Minn. Stat. § 268A.15.

IX. MEDICAL ASSISTANCE FOR EMPLOYED PERSONS WITH DISABILITIES (MA-EPD)

First Special Session, Chapter 6, Article 4, section 23 (SF2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.057, subd. 9

Effective May 31, 2017

Adds a definition of “good cause” for purposes of nonpayment of MA-EPD premiums to replace a reference to an obsolete MinnesotaCare rule.

X. MINNESOTA DIVERSIFIED INDUSTRIES FUNDING

Regular Session, Chapter 94, Article 1, Sections 2, Subdivision 3(m) (SF 1456)

Omnibus Jobs and Economic Development Finance and Policy Bill

Effective July 1, 2017

Appropriates \$900,000 for the SFY 2018-19 biennium (\$450,000 each year) to the Department of Employment and Economic Development for grants to Minnesota Diversified Industries, Inc. to provide progressive development and employment opportunities for people with disabilities

V. SUPPORTED WORK PROGRAM – RAMSEY COUNTY

Regular Session, Chapter 61 (HF 2174)

Amends Minn. Stat. § 383A.288 by adding a subdivision

Effective August 1, 2017

Exempts up to five full-time positions in Ramsey County to be filled by selection in a supported work program for people with disabilities who require continued support of a job coach from the general requirement that classified positions be filled through competition in an examination, certification, and appointment process. Allows each position to be shared by up to three persons with disabilities and a job coach. Specifies that the job coach is not considered a Ramsey County employee.

Adds Minn. Stat. § 383A.288, subd. 7

FOSTER CARE

Foster Care

I. APPEALS – ADULT FOSTER CARE AND CORPORATE FOSTER CARE SETTINGS

First Special Session, Chapter 6, Article 2, section 9 (SF2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 256.045, subd. 3

Effective May 31, 2017

Makes state agency hearings available for EW participants terminated under new Minn. Stat. § 245A.11, subd. 11.

II. EXCEPTIONS TO MORATORIUM ON CORPORATE FOSTER CARE

First Special Session, Chapter 6, Article 2, section 3 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 245A.03 subd. 7

Effective July 1, 2017

Establishes two new exceptions to the moratorium on the development of corporate adult foster care residences for persons transitioning from residential care homes and those living in unlicensed settings which are required to become licensed. Provides authority for the commissioner to increase or decrease licensing residences based on needs identified in the Long-Term Services and Supports Report required under §144.351.

Adult Foster Care

I. RESIDENT RIGHTS

First Special Session, Chapter 6, Article 2, section 6 (SF2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 245A.11, subd. 10

Effective May 31, 2017

A. Notice of Rights On Admission

Requires the license holder to “ensure that, upon admission, a resident and a resident's legal representative is given: (1) an explanation and copy of the resident's rights; (2) a written summary provided by DHS of the Vulnerable Adults Protection Act; and (3) name and contact for the local agency to which a resident or a resident's legal representative may submit a complaint.

Adds Minn. Stat. § 245A.11, subd. 10(a)

B. Rights

Enumerates 20 rights granted to adult foster care residents, including the rights to: (1) privacy; (2) choice of visitors; (3) choice of commercial, religious, political, and community activities; (4) come and go at will; (5) access to and confidentiality of financial, health, and medical information; and (6) freedom from bias and harassment based on race, gender, age, disability, spirituality, or sexual orientation; and (7) freedom from maltreatment.

Adds Minn. Stat. § 245A.11, subd. 10(b)

C. Restriction on Rights

Allows restriction of certain enumerated resident's rights only if: (1) determined necessary to ensure the health, safety, and well-being of the resident; (2) is justified and documented in the resident's individual abuse prevention plan; and (3) is implemented in the least restrictive manner necessary to protect the resident and provide support to reduce or eliminate the need for the restriction.
Adds Minn. Stat. § 245A.11, subd. 10(c)

II. BEDROOMS

First Special Session, Chapter 6, Article 2, Section 5 (SF2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 245A.11, subd. 9
Effective May 31, 2017

A. Right to Choose/Change Roommate

Grants rights to resident receiving services of a choice of roommate. Requires each roommate must consent in writing to sharing a bedroom with one another. Makes license holder responsible for notifying a resident of the right to request a change of roommate.
Adds Minn. Stat. § 245A.11, subd. 9(a)

B. Lock

Requires the license holder to provide a lock for each resident's bedroom door, unless otherwise indicated for the resident's health, safety, or well-being. Provides that a restriction on the use of the lock must be documented and justified in the resident's individual abuse prevention plan.
Adds Minn. Stat. § 245A.11, subd. 9(b)

III. NOTICE TO RESIDENTS OF PROVIDER'S TERMINATION POLICY

First Special Session, Chapter 6, Article 1, Section 5 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245A.04, sub. 14
Effective July 1, 2017

Requires adult foster care providers to annually provide notice of the resident termination policy to EW residents.

IV. PLANNED CLOSURES

First Special Session, Chapter 6, Article 2, Sections 16, 17 and 18 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 256B.493, subds. 1 and 2
Adds Minn. Stat. § 256B.493, subd. 2a
Effective July 1, 2017

Provides authority to the commissioner of DHS to manage statewide licensed corporate foster care or community residential capacity to accomplish consolidation or closure of settings to respond to individuals' informed choices to move and to meet budgetary savings requirements. Removes language requiring DHS to implement a program for a planned closure of adult foster care homes. Requires a need determination process. Requires DHS to work with stakeholders to establish a process for application, review, approval, and implementation of setting closures. Requires DHS to give priority to closure plans which meet certain criteria. Requires DHS to consider any information on the impact of the planned closure on people and the services they need provided by: (1) people using services; (2) their legal representatives; (3) family members; or (4) the lead agency.

V. SERVICE TERMINATION RIGHTS FOR EW PARTICIPANTS

First Special Session, Chapter 6, Article 2, section 7 (SF2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 245A.11, subd. 11

Effective May 31, 2017

A. Conditions for Termination

Establishes that a license holder must allow the resident to remain in the program unless: (1) the termination is necessary for the resident's health, safety, and well-being and the resident's needs cannot be met in the facility; (2) the safety of the resident or another resident is endangered; (3) the program was not paid for services or the program ceases to operate; or (4) the resident was terminated by the lead agency from waiver eligibility.

Adds Minn. Stat. § 245A.11, subd. 11(c)

B. Obligations of the License Holder

Requires the license holder to: (1) establish policies and procedures for service termination that promote continuity of care and service coordination; (2) prior to notice of service termination, document the action taken to minimize or eliminate the need for termination, including enumerated actions; and (3) following receipt of termination notice and prior to termination: (i) work with the support team to develop reasonable alternatives to support continuity of care and to protect the resident; (ii) provide information requested by the resident or case manager; and (iii) maintain information about the service termination in the resident's record.

Adds Minn. Stat. § 245A.11, subds. 11(b), 11(d), and 11(h)+

B. Notification of Intended Termination

Requires the license holder must to notify the resident or the resident's legal representative and the case manager, in writing, of the intended service termination at least 30 days before terminating a resident's service. Specifies

contents of the notice, which include: (1) the reason for termination; and (2) appeal rights.

Adds Minn. Stat. § 245A.11, subd. 11(f) (obligation to notify; contents of notice)

Adds Minn. Stat. § 245A.11, subd. 11(g) (timing of notification)

HEALTH CARE

I. BULK PURCHASE OF INCONTINENCE PRODUCTS

First Special Session, Chapter 6, Article 4, Section 35. (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.0625.

Effective July 1, 2017.

Requires DHS to use competitive bidding under Minn. Stat. § 256B.04, Subd. 14 to volume purchase incontinence products and related supplies by July 1, 2018. Individuals on MA who use incontinence products will have to use the DHS preferred products or qualify for an exception.

II. COVERAGE OF STIRIPENTOL UNDER MEDICAL ASSISTANCE

First Special Session, Chapter 6, Article 4, Section 37 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.0625, Subd. 64.

Effective July 1, 2017.

Allows children under age 21 years of age with Dravet's Syndrome who have uncontrolled seizures to obtain the investigational drug Stiripentol under four specific conditions. Provides that MinnesotaCare does not cover Stiripentol.

III. DURABLE MEDICAL EQUIPMENT

First Special Session, Chapter 6, Article 4, Section 64 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds uncodified provision.

Effective July 1, 2017.

Requires the commissioner of human services to research the impact of using Medicare payment rates for durable medical equipment and supplies in the MA program and report to the Legislature by January 1, 2019.

IV. FETAL ALCOHOL SYNDROME (FAS) GRANTS

First Special Session, Chapter 6, Article 18, Section 2, Subd. 32(c) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Appropriations Rider.

Effective July 1, 2017.??

Provides \$500,000 for the 2018-19 biennium in funding for the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) to make grants in conjunction with community organizations and local governments to collaboratives to reduce incidences of Fetal Alcohol Syndrome and other pre-natal drug-related effects in children by identifying pregnant women and providing intensive services in urban and rural areas. Requires a report to the commissioner of DHS annually on measurable outcomes.

V. MEDICAL ASSISTANCE FOR EMPLOYED PERSONS WITH DISABILITIES (MA-EPD)

First Special Session, Chapter 6, Article 4, Section 23 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.057, Subd. 9.

Effective May 31, 2017.

Adds a definition of “good cause” for purposes of nonpayment of MA-EPD premiums to replace a reference to an obsolete MinnesotaCare rule.

VI. MEDICAL ASSISTANCE MANAGED CARE APPEALS

First Special Session, Chapter 6, Article 15, Section 1 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.045, subd. 3a

Effective July 1, 2017

Requires enrollees to exhaust the health plan grievance and appeal process before requesting a DHS fair hearing. Mandates that the new federal regulations for Medicaid managed care appeals take precedence over current law and rules as of January 1, 2018.

VII. MEDICAL ASSISTANCE MANAGED CARE ENROLLEE INFORMATION

First Special Session, Chapter 6, Article 15, Section 4 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 256B.6925

Effective July 1, 2017

Requires that DHS and managed care organizations provide information to managed care enrollees about various subjects. Provides that an enrollee with a disability who cannot access the information online must be provided, upon request, with auxiliary aids and services necessary to access the information at no cost to the enrollee.

VIII. MEDICAL ASSISTANCE SPENDDOWN EXCESS INCOME STANDARD

First Special Session, Chapter 6, Article 4, Section 20 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 256B.056, Subd. 5.
Effective June 1, 2019.

Increases the Medical Assistance spenddown standard for persons with disabilities and seniors from 80% of the Federal Poverty Guidelines to 81%, beginning June 1, 2019. The change will reduce the spenddown amount for about 11,500 persons so they can keep about \$10 more per month. Appropriates \$45,000 for the 2018-19 biennium and \$1.5 Million for the 2020-21 biennium.

IX. PARENT FEE REDUCTION

First Special Session, Chapter 6, Article 7, Section 25 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 252.27, Subd. 2a.
Effective July 1, 2017.

Reduces parental fees by 13% for families who are over the Medical Assistance 275% Federal Poverty Level income limit for children who use the TEFRA Option or HCBS disability waiver services. Appropriates \$515,000 per year which result in families saving \$1,030,000 in parent fees per year because half of the fees parents pay are required to be sent to the federal government.

X. PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS

First Special Session, Chapter 6, Article 10, Sections 75-94 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 144H.01 - .20.
Effective July 1, 2017.

Adds a new chapter of law licensing prescribed pediatric extended care centers for medically complex or technology-dependent children for basic care services up to 14 hours per day, 6 days per week, for up to 45 children. Establishes requirements for licensing, admission and discharge, medical records and compliance with other laws and rules. Appropriates \$81,000 for the 2018-19 biennium from the state government special revenue fund for the licensure of PPECC.

HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS

I. CLAIMS AGAINST ESTATES – DEFINITION OF “HOME AND COMMUNITY-BASED SERVICES

Regular Session, Chapter 46 (SF 216)

Amends Minn. Stat. § 256B.15, subds. 1, 1a, and 2

Effective May 13, 2017 and applies retroactively to estate claims pending on or after July 1, 2016, and to the estates of people who died on or after July 1, 2016.

Limits estate recoveries from persons 55 years of age or older to the amount of MA paid for following services, if rendered prior to January 1, 2014: (1) long-term care services (and related hospital and pharmacy services); (2) institutionalizations; and (3) General Assistance Medical Care. Clarifies that “home and community-based services” includes alternative care services, even when those services receive only state funding.

Note: Federal and state law require the DHS and local agencies to recover costs that the MA program paid for enrollees through estate recovery. The enacted statute brings the language in line with the revised state plan approved by the Centers for Medicare and Medicaid Services (CMS).

II. CONSUMER-DIRECTED COMMUNITY SUPPORTS (CDCS) CHANGES

First Special Session, Chapter 6, Article 1, Sections 44, 45, and 46 and Article 18, Section 2, Subdivision 7(c) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Sections

Various Effective Dates

A. CDCS Budget Methodology Exception Expanded

Requires DHS to submit an HCBS disability waiver amendment to expand the exception to the CDCS budget methodology to provide up to 30% more funds for those currently using CDCS who: (1) need an increased amount of services over the amount they currently receive to increase the amount of time the person works; (2) improve employment opportunities; (3) move to a more independent setting or (4) develop and implement a positive behavior support plan. Makes the budget exception providing up to 30% more funds available to individuals who want to move from licensed services or will have to give up CDCS and use more expensive licensed services if it can be shown that the licensed services would cost more annually than the person would spend under CDCS. Requires an individual to be able to demonstrate that his/her total costs of services including the exception will be less than the cost of current or planned services without the budget exception.

Effective October 1, 2017 or upon federal approval, whichever is later

B. CDCS Institution and Crisis Residential Budget Exception

Requires DHS to establish an institutional/crisis bed CDCS budget exception to provide increased funding for the HCBS disability waivers by September 30, 2017 for individuals who have been ready to move from an institutional setting for at least 60 days and require services that are more expensive than appropriate non-institutional services provided through the CDCS option. Lists institutional settings to include: (1) ICF/DD; (2) nursing facilities; (3) acute care hospitals; (4) the Anoka Metro Regional Treatment Center; (4) the Minnesota Security Hospital; and (5) crisis beds.

Effective May 31, 2017

C. CDCS Revised Budget Methodology Proposal and Report

Directs DHS to consult with stakeholders to develop a new CDCS budget methodology based on specified comparisons and report to specific legislative leaders and committees by December 15, 2018. Appropriates \$325,000 to DHS budget methodology development.

Effective May 31, 2017

III. DISABILITY WAIVER CONSOLIDATION RECOMMENDATIONS

First Special Session, Chapter 6, Article 18, Section 2, Subdivision 7(h) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Sections

Effective July 1, 2017

Appropriates \$250,000 for the SFY 2018-19 biennium to DHS to conduct a study on combining the four disability HCBS waivers into one program. Requires the results and recommendations to be reported to the Legislature by January 15, 2019.

IV. DISABILITY WAIVER RATE SYSTEM (DWRS) CHANGES

First Special Session, Chapter 6, Article 1, Sections 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. § 256B.4913, Subd. 4a and Minn. Stat. § 256B.4914, subds. 2, 3, 5, 6, 7, 8, 9, 10, 10a, and 16

Adds Minn. Stat. § 256B.4913, subd. 7

Various effective dates

A. Rate Stabilization Adjustment

Adds a seventh year of banding to the historical rates and makes changes to the historical rate for certain day service recipients.

Amends Minn. Stat. § 256B.4913, subd. 4a

Banding change effective upon federal approval

Day services effective May 31, 2017

B. New Services

Adds four new services – which will be licensed when license provisions are developed – to the disability HCBS waivers and rate system, including: (1) individualized home supports; (2) employment exploration; (3) employment development; and (4) employment supports. Eliminates supported employment services upon federal approval of the new employment services.

Amends Minn. Stat. § 256B.4914, subds. 3 and 5

Effective upon federal approval except individualized home support, which are effective May 31, 2017

C. Unit-Based Services

Modifies the definition of unit of service for several unit-based services without programming. Makes changes to add new services to unit-based services with programming rate setting methodology.

Amends Minn. Stat. § 256B.4914, subds. 2 and 8

Effective upon federal approval except changes for unit-based services with programming, which are effective May 31, 2017

D. Responsibilities for DHS and Enrolled Providers

Changes DHS requirements for certain DWRS evaluation and analytical requirements. Requires the commissioner to make recommendations to the Legislature by January 15, 2018. Removes budget neutrality factors as required by CMS.

Amends Minn. Stat. § 256B.4914, subd. 10

Effective May 31, 2017

E. Provider Data Reporting and Cost Updates

Requires providers to report business costs every five years and requires DHS to update the wage and component values to reflect the costs every five years.

Amends Minn. Stat. § 256B.4914, subd. 5

Effective May 31, 2017

F. Respite Care

Removes respite care from DWRS so it can be paid at market rate.

Amends Minn. Stat. § 256B.4914, subd. 2

Effective upon federal approval

G. Independent Living Services

Provides new rate methodology for independent living skills specialist.

Amends Minn. Stat. § 256B.4914, Subd. 5.

Effective January 1, 2018

V. EMPLOYMENT SERVICES ADDED TO DISABILITY HCBS WAIVERS

First Special Session, Chapter 6, Article 1, Sections 2, 23, 24, and 47 (SF2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 245D.03, subd. 1; and 256B.4914, subds. 3 and 5
Uncodified provision
Effective upon federal approval

Adds the following services as defined in the disability HCBS waiver plans to the licensing statute as intensive support services and to the rate setting methodology statute: (1) employment exploration services; (2) employment development services; and (3) employment supports services. Requires DHS to submit necessary waivers to: (1) add the new employment services to Minnesota's disability HCBS waivers; and (2) remove community-based employment services from DT&H and prevocational services by October 1, 2017.

VI. HCBS INCENTIVE POOL

First Special Session, Chapter 6, Article 1, Section 19, and Article 18, Section 2, subd. 26 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 256B.0921
Effective July 1, 2017

Adds a new purpose – achieving integrated competitive employment for youth under age 25 upon graduation from school -- to the three competitive grant purposes in current law: (1) competitive employment, (2) integrated living and (3) other outcomes determined by the DHS. Appropriates \$1 million per year for the biennium.

VII. HCBS RIGHTS – NUTRITIONAL MEALS/SNACKS

First Special Session, Chapter 6, Article 2, Section 8 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245D.04, subd. 3
Effective May 31, 2017

Adds a new right to HCBS service participants' protection-related rights in residential settings: access to three nutritionally balanced meals and nutritious snacks between meals each day.

VIII. HCBS SETTINGS RULE IMPLEMENTATION

First Special Session, Chapter 6, Article 2, Sections 1, 2, 4 - 9, and 12 - 14 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. §§ 144D.04, subd. 2; 245A.04, subd. 14; 245D.04, subd. 3; 256.045, subd. 3; 256B.0915, subd. 1; 256B.092, subd. 4; and 256B.49, subd. 11.

Adds Minn. Stat. §§ 144D.04; and 245A.11, subds. 9, 10, and 11

Effective May 31, 2017

Changes multiple sections of HCBS licensing and other standards to comply with the new federal home and community-based services setting rule, which effective date was extended by the federal agency, CMS, by three years to March, 2022.

IX. INDIVIDUALIZED HOME SUPPORTS SERVICES ADDED TO DISABILITY HCBS WAIVERS

First Special Session, Chapter 6, Article 1, Sections, 2, 23 and 24 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. §§ 245D.03, subd. 1; and 256B.4914, subds. 3 and 5

Effective May 31, 2017

Adds individualized home supports services as defined in the disability HCBS waiver plans as a new service to be licensed as an intensive support service and included in the disability waiver rate setting system.

X. SPOUSAL ANTI-IMPOVERISHMENT

Chapter 40, Section 65 and 66 as amended by Chapter 6, Article 4, Section 24.

Amends Minn. Stat. § 256B.059, Subd. 6.

Effective the day following enactment.

A. Removes provisions for married Disability HCBS waiver participants allowing college saving and retirement accounts which were not approved by the federal agency, Centers for Medicare and Medicaid Services (CMS).

Amends Minn. Stat. § 256B.059, Subd. 5.

Effective August 1, 2017.

B. Adds provision agreed to by CMS to limit application of Spousal Anti-Im impoverishment provisions to married couples who applied for HCBS waivers on or after January 1, 2014.

Amends Minn. Stat. § 256B.059, Subd. 6.

Effective May 27, 2017.

XI. TRANSPORTATION STUDY

First Special Session, Chapter 6, Article 1, Section 48 and Article 18, Section 2, Subdivision 7(a) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section and Appropriations Rider

Effective May 31, 2017

Directs DHS to work with lead agencies and stakeholders on identifying opportunities to increase access for transportation for individuals using HCBS waivers. Requires a report to the Legislature by January 15, 2019. Appropriates \$500,000 for the SFY 2018-19 biennium (\$250,000 each year) for this purpose.

HOUSING SUPPORTS

I. GROUP RESIDENTIAL HOUSING

A. Group Residential Housing Changed to Housing Support

First Special Session, Chapter 6, Article 2, Section 39 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section

Effective July 1, 2017

Directs the Revisor of Statutes to change the term “group residential housing” to “housing support” in multiple sections of statute.

B. Group Residential Housing Supplemental Service Rate Report

First Special Session, Chapter 6, Article 2, Section 38 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section

Effective July 1, 2017

Directs the DHS to develop a plan to review all supplemental rates for group residential housing, a process to modify the rates as inadequate or excessive and a process to review rates in the future for the Legislature to use in funding decisions. Requires a report is due to the Legislature by December 1, 2018.

II. HOUSING SUPPORT SERVICES FOR MA RECIPIENTS

*First Special Session, Chapter 6, Article 2, Section 10 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 256B.051
Effective Date: Contingent upon federal approval*

Adds two new housing-related services, housing transition services and tenancy support services to MA benefits for those receiving MA who are over 18 years of age and who meet disability or functional-related criteria and qualify as: (1) having been homeless; (2) transitioning from an institution or licensed or registered setting; (3) eligible for disability home and community waiver; or (4) at risk of institutionalization.

III. HOUSING WITH SUPPORTS FOR ADULTS WITH SERIOUS MENTAL ILLNESS

*First Special Session, Chapter 6, Article 18, Section 2, Subdivision 30(d) and (e) (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Appropriations Rider
Effective July 1, 2017.*

Increases grant for housing options and housing with supports for persons with serious mental illness by \$2.15 million for the SFY 2018-19 biennium.

IV. HOUSING WEB SITE GRANT

*First Special Session, Chapter 6, Article 18, Section 2, Subdivision 24(k) and (l) (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Appropriations Rider
Effective July 1, 2017.*

Appropriates in the SFY 2018-19 biennium: (1) \$300,000 for a grant to a public or private entity to create and maintain a Web site to track availability of housing openings for persons with disabilities; and (2) \$260,000 to operate a housing benefit Web site for individuals who are looking for affordable housing and supports.

V. INDIVIDUALIZED HOME SUPPORTS SERVICES ADDED TO DISABILITY HCBS WAIVER

*First Special Session, Chapter 6, Article 1, Sections 2, 23, and 24 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 245D.03, subd. 1; and 256B.4914, subds. 3 and 5
Effective May 31, 2017*

Adds individualized home supports services as defined in the disability HCBS waiver plans as a new service to be licensed as an intensive support service and included in the disability waiver rate setting system.

VI. MSA HOUSING ASSISTANCE

*First Special Session, Chapter 6, Article 2, Section 19 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Uncodified Section
Effective July 1, 2020*

Increase the MSA housing assistance payment to one-half of the maximum federal Supplemental Security Income (SSI) payment for an individual in effect on July 1 each year for person under age 65 years of age who are relocating from an institution , a licensed setting, a registered setting, an adult mental health residential treatment program, or are eligible for personal care assistant services or home and community-based waiver recipients living in their own home or a rented or leased apartment.

VII. RENTAL ASSISTANCE FOR PERSONS WITH MENTAL ILLNESS

*Regular Session, Chapter 94, Article 1, Sections 3 subd. 4 (SF 1456)
Omnibus Jobs and Economic Development Finance and Policy Bill
Effective July 1, 2017*

Appropriates \$8,176,000 for the SFY 2018-19 biennium (\$4,088,000 each year) to the Minnesota Housing Finance Agency (MHFA) for the Rental Housing Assistance Program for Persons with a Mental Illness or families with an adult member with a mental illness, under Minn. Stat. § 462A.2097. Requires MHFA to prioritize proposals that target eligible persons who desire to move to more integrated, community-based settings.

LONG-TERM SERVICES AND SUPPORTS

I. ELECTRONIC SERVICE DELIVERY DOCUMENTATION SYSTEM

*First Special Session, Chapter 6, Article 3, Section 49 and Article 18, Section 2, Subdivision 7(g) (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Uncodified Section and Appropriations Rider
Effective May 31, 2017*

Requires DHS to develop requirements and standards for an electronic service delivery documentation system for personal care assistant services and community first services and supports to comply with the 21st Century Cures Act. Defines electronic service delivery documentation to include: (1) the type of service; (2) the individual receiving the service; (3) the date of service; (4) the location of service; (5) the individual providing the service; and (6) the time period during which the service is provided. Requires DHS to work with stakeholders to develop this system and report to the Legislature by January 15, 2018 with recommendations needed to implement the electronic verification system by January 1, 2019. Appropriates \$275,000 for the SFY

2018-19 biennium (\$170,000 in SFY 2018 and SFY \$105,000 in 2019) for the development and implementation of the electronic documentation system.

II. HOME HEALTH SERVICES

First Special Session, Chapter 6, Article 1, Sections 5 and 7- 12 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. §§ 256B.0625, subd. 6a; 256B.0653, subds. 2, 3, 4, 5 and 6

Adds Minn. Stat. § 256B.0653, subd. 7

Effective July 1, 2017.

A. Home Health Services

Expands the locations where MA home health services can be provided to include the community where normal life activities take the person, as required in new federal regulations.

Amends Minn. Stat. § 256B.0625, subd. 6a.

B. Home Health Agency Services Definitions

Modifies the definitions of home health aide visits, skilled nurse visits, home care therapies, change to allow services in the community where normal life activities occur as required by new federal regulations.

Amends Minn. Stat. § 256B.0653, subds. 2, 3, 4, and 5

C. Noncovered Home Health Agency Services

Removes home care therapies provided at a day program from the list of noncovered services and adds home health agency services without documentation of a face-to-face encounter to the list of noncovered home health agency services.

Amends Minn. Stat. § 256B.0653, subd. 6

D. Face-to-Face Encounter

Requires face-to-face encounters be completed within 90 days before or 30 days after the start of home health services except a one-time perinatal skilled nursing visit. Allows telemedicine encounters to qualify as face-to-face.

Specifies duties for physicians responsible for ordering home health services.

Adds Minn. Stat. § 256B.0653, subd. 7

III. ICF/DD Rate Increase -- Murray County

*First Special Session, Chapter 6, Article 3, Section 27 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 256B.5012, subd. 17
Effective July 1, 2017*

Increase the daily rate for an ICF/DD in Murray County to \$400.

IV. MnCHOICES CHANGES

*First Special Session, Chapter 6, Article 1, Sections 13 – 18, and 51 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 256B.0911, subds. 2b and 5; and 256B.0911, subdivision 6, as amended by Laws 2017, chapter 40, Article 1, Section 70; and 256B.0911, subd. 4d
Adds Minn. Stat. §§ 256B.0911, subd. 1a(f); and 256B.0911, subd. 3f
Uncodified Section
Effective July 1, 2017*

A. “Person-Centered Planning” Definition

Adds a definition of person-centered planning to additional providers
Adds Minn. Stat. § 256B.0911, subd. 1a(f)

B. Certified Assessor Responsibilities

Adds certified assessor responsibilities to assure person understands opportunities for employment and residence to make an informed choice.
Amends Minn. Stat. § 256B.0911, subd. 2b

C. Reassessment and Community Support Plan Updates

Provides parameters for reassessments based on the certified assessor’s professional judgment to review current plan, monitor services and develop an updated community support plan. Requires reassessments to verify continued eligibility or offer alternatives as warranted. Requires that face-to-face assessments must be conducted annually or as required by federal and state laws and rules.
Adds Minn. Stat. § 256B.0911, subd. 3f

D. Face-Face Assessments for Individuals Admitted to Nursing Facilities Who Are Under Age 65

Removes requirement that face-to-face assessments occur within forty (40) calendar days of the admission of a person under age 65 to a nursing facility and allows the commissioner to establish the timeline based on a review of the data.
Amends Minn. Stat. § 256B.0911, subd. 4d

E. DHS Required to Modify MnCHOICES Policies

Requires DHS to work with lead agencies responsible for long-term consultation services to modify the MnCHOICES application and assessment policies to improve efficiencies while complying with federal eligibility criteria for MA and long-term services and supports.

Amends Minn. Stat. § 256B.0911, subd. 5

F. County Share of Payment for Long-Term Care Consultation Services

Requires counties to pay: (1) 15.7% of the nonfederal share of cost for long-term care consultation (MnCHOICES assessments) between July 1, 2017 and June 30, 2019; and (2) 18.1% beginning July 1, 2019. Shifts the cost for long-term care consultation assessments and eligibility determinations from the state general fund to counties, saving the state general fund and costs the counties \$41.6 million for the SFY 2018-19/2020-21 biennia (\$19.3 million for SFY 2018-19 biennium and \$22.3 million for 2020-21 biennium).

Amends Minn. Stat. § 256B.091, subd. 6, as amended by Laws 2017, Chapter 40, Article 1, Section 70

G. MnCHOICES Assessment Tool

Directs DHS to work with lead agencies to modify the MnCHOICES assessment tool to reduce assessment times, create efficiencies, implement policy changes to reduce the frequency and length of assessment and reassessment and evaluate alternative payment methods.

Uncodified Section

V. SELF-ADVOCACY FUNDING

First Special Session, Chapter 6, Article 1, Section 4 and Article 18, Section 2, Subdivision 29(b) and (c) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 256.477

Appropriation Riders

Effective July 1, 2017

Codifies provisions governing a grant to a self-advocacy organization governed by persons with intellectual and developmental disabilities to promote and maintain a statewide self-advocacy network for peer-led training on rights, service options and self-advocacy throughout the state. Appropriates \$248,000 per year for the SFY 2018-19 biennium. Designates \$105,000 per year of this appropriation for grants targeting peer-led training to help persons understand their options for community services related to housing, employment, education, transportation and other opportunities.

VI. SELF-DIRECTED WORKFORCE COLLECTIVE BARGAINING AGREEMENT

First Special Session, Chapter 6, Article 1, Section 53 and Article 18, Section 2, Subdivision 7(f) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section and Appropriations Section

Effective July 1, 2017

A. Rate Increase

Provides authority for DHS to implement rate changes to comply with the wage and benefits negotiated as part of the labor agreement with service employees' international union for the SFY 2018-19 biennium and specifies that the rate changes apply to Personal Care Assistance services, HCBS Consumer-Directed Community Supports and Consumer Support Grants covered in Minn. Stat. § 256B.0711, subd. 1(b).

Adds uncodified provision.

B. Self-Directed Workforce Agreement Appropriation

Appropriates \$2.4 million for the SFY 2018-19 biennium (\$1.2 million each year) for administration, training, grants and reimbursement to implement the collective bargaining agreement between the State of Minnesota and SEIU.

Appropriations Rider

VII. TRAINING FOR OLDER MINNESOTANS WHO ARE BECOMING BLIND

Regular Session, Chapter 94, Article 1, Sections 2 subd. 7 (SF 1456)

Omnibus Jobs and Economic Development Finance and Policy Bill

Effective July 1, 2017

Designates \$1,000,000 for the SFY 2018-19 biennium (\$500,000 each year) – out of the biennial budget of \$12,850,000 for the State Services for the Blind – to provide training services for older Minnesotans who are becoming blind, including independent living skills to seniors to allow them to continue to live independently in their homes.

MENTAL HEALTH

I. ADULT MENTAL HEALTH ACT

A. “Diagnostic Assessment”

*First Special Session, Chapter 6, Article 8, Section 1 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245.462, subd. 9
Effective July 1, 2017*

1. Cross-Reference to Minnesota Rules
Cross-references Minn. R., part 9505.0370, subpart 11, and Minn. R., part 9505.0372, subpart 1, items A, B, C, and E.
2. Eligibility
Provides that, notwithstanding Minnesota Rules, a client is eligible for: (1) up to three individual or family psychotherapy sessions or family psychoeducation sessions (or a combination not to exceed three sessions) prior to completion of a client's initial diagnostic assessment, but in conjunction with the diagnostic assessment process; and (2) psychological testing as part of the diagnostic process prior to completion of a client's initial diagnostic assessment.
3. Use of Brief Diagnostic Assessment for Family Requiring Interpreter
Provides that, notwithstanding Minnesota Rules, a brief diagnostic assessment may be used for a client's family who requires a language interpreter to participate in the assessment.
4. Clarification of Components of Diagnostic Assessment
Provides that diagnostic assessment includes a standard, extended, or brief diagnostic assessment, or an adult update.
5. Requirements of Brief Diagnostic Assessment
Requires a brief diagnostic assessment include a: (1) face-to-face interview with the client; and (2) a written evaluation of the client by a mental health professional or a clinical trainee.

B. “Mental Health Practitioner”

Regular Session, Chapter 79, Section 1 (HF 1186)
Amends Minn. Stat. § 245.462, subd. 17
Effective August 1, 2017

Adds a person with a bachelor’s degree in behavioral sciences or related fields who is working in a day treatment program under Minn. Stat. § 245.4712, subd. 2, to the definition of “Mental Health Practitioner.”

VIII. ASSERTIVE COMMUNITY TREATMENT

First Special Session, Chapter 6, Article 8, and Article 18 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Appropriations Section
Effective July 1, 2017

Provides \$400,000 for the SFY 2018-19 biennium (\$200,000 per year) additional funding for adult mental health grants to expand the community treatment services.

IX. CHILDREN WITH SEVERE EMOTIONAL DISTURBANCES

First Special Session, Chapter 6, Article 8, Section 71 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 256B.0945, subd. 2
Effective May 31, 2017

Provides that MA covers mental health services provided to children with severe emotional disturbance in a residential facility determined by the Centers for Medicare & Medicaid Services to be an institution for mental diseases.

X. CHILDREN’S INTENSIVE MENTAL HEALTH RESIDENTIAL TREATMENT

First Special Session, Chapter 6, Article 2, Sections 68-70, 74 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 256B.0625, subd. 45a; 256B.0941; and 256B.0943, subd. 13
Effective July 1, 2017

Provides state funding to substitute for loss of federal funds for children’s residential mental health treatment programs that will become ineligible for MA due to institutions for mental disease status. Replaces lost federal funding from July 1, 2017 until May 1, 2019 and prohibits any new residential treatment programs which would be considered IMD due to having more than 16 beds during this period. Requires DHS to develop recommendations to redesign intensive mental health services for children and adolescents and report to the Legislature by November 15, 2018.

XI. CHILDREN’S MENTAL HEALTH ACT

A. Restrictive Procedures

Regular Session, Chapter 79, Section 3 (HF 1186)

Amends Minn. Stat. § 245.8261, subd. 4

Effective August 1, 2017

Modifies who is permitted to impose restrictive procedures when providing children’s mental health services to program staff who have completed the required training.

B. Definitions

1. “Diagnostic Assessment”

First Special Session, Chapter 6, Article 8, Section 4 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 245.4871, subd. 11a

Effective July 1, 2017

a. *Cross-Reference to Minnesota Rules*

Cross-references Minn. R., part 9505.0370, subpart 11, and Minn. R., part 9505.0372, subpart 1, items A, B, C, and E.

b. *Eligibility*

Provides that, notwithstanding Minnesota Rules, a client is eligible for: (1) up to three individual or family psychotherapy sessions or family psychoeducation sessions (or a combination not to exceed three sessions) prior to completion of a client's initial diagnostic assessment, but in conjunction with the diagnostic assessment process; and (2) psychological testing as part of the diagnostic process prior to completion of a client's initial diagnostic assessment.

c. *Clarification of Components of Diagnostic Assessment*

Provides that diagnostic assessment includes a standard, extended, or brief diagnostic assessment, or an adult update.

d. *Requirements of Brief Diagnostic Assessment*

Requires a brief diagnostic assessment include a: (1) face-to-face interview with the client; and (2) a written evaluation of the client by a mental health professional or a clinical trainee.

C. “Functional Assessment”

First Special Session, Chapter 6, Article 8, Section 5 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 245.4871, subd. 18a
Effective July 1, 2017

Defines "functional assessment" to mean an assessment by the case manager of the child's: (1) mental health symptoms and needs as presented in the child's diagnostic assessment; (2) use of drugs and alcohol; (3) vocational, educational, interpersonal, and social functioning (including the use of leisure time and relationships with the child's family); (4) self-care and independent living capacity; (5) medical and dental health; (6) financial assistance, housing, transportation needs; and (7) other problems.

D. “Mental Health Practitioner”

Regular Session, Chapter 79, Section 2 (HF 1186)
Amends Minn. Stat. § 245.4871, subd. 26
Effective August 1, 2017

Enumerates “related fields” in which a “Mental Health Practitioner” must hold a Bachelor’s Degree to include: (1) social work; (2) psychology; (3) sociology; (4) community counseling; (5) family social science; (6) child development/child psychology; (7) community mental health; (8) addiction counseling; (9) counseling or guidance; and (10) special education. Specifies that the list is not exclusive.

XII. CHILDREN’S MENTAL HEALTH GRANTS

First Special Session, Chapter 6, Article 8, Section 7 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245.4889, subd. 1
Various Effective Dates

A. For Transportation

Makes transportation for children receiving school-linked mental health services when school is not in session an eligible service.
Amends Minn. Stat. § 245.4889, subd. 1(8)
Effective August 1, 2017

B. For Start-Ups

Makes start-up funding to establish new children’s health programs to support providers to meet program requirements and begin operations an eligible grant activity.
Adds Minn. Stat. § 245.4889, subd. 1(17)
Effective May 31, 2017

XIII. CIVIL COMMITMENT

*Regular Session, Chapter 85 (HF 827)
Amends Minn. Stat. § 253B.05, sub. 3
Effective May 24, 2017*

Limits the requirement to notify the responsible local agency when a is discharged or released during the 72-hour period to require compliance by requiring that the notice does not violate federal law governing alcohol and drug abuse patient record confidentiality.

XIV. FIRST PSYCHOTIC EPISODE FUNDING

*First Special Session, Chapter 6, Article 18, Section 2, Subdivision 31 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Appropriations Rider
Effective July 1, 2017*

Increases grant funding for first episode psychosis programs to provide intensive treatment and supports to adolescents and adults experiencing or at risk of a first psychotic episode using outreach, screening and best practices to address barriers to treatment.

XV. MENTAL HEALTH INNOVATION GRANTS

*First Special Session, Chapter 6, Article 8, Section 2 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245.4662, subds. 1, 2, 3, and 4
Effective July 1, 2017*

Appropriates \$2 million for the SFY 2018-19 biennium (\$1 million per year) for a new grant program for community-based services aimed at reducing enrollment in state operated programs in institutions and community behavioral health hospitals. Defines “eligible applicant” to mean “an eligible county, Indian tribe, mental health service provider, hospital, or community partnership.” Uses revenue from county payments for their share of costs for unnecessary length of stays in institutional settings. Requires report to the Legislature on grant projects by December 2019.

XVI. “MENTAL HEALTH PRACTITIONER” DEFINITION

Regular Session, Chapter 79, Sections 1 and 2 (HF 1186)

Amends Minn. Stat. §§ 245.462, subd. 17; and 245.4871, subd. 26

Effective August 1, 2017

A. Adult Mental Health Act

Adds a person with a bachelor’s degree in behavioral sciences or related fields who is working in a day treatment program under Minn. Stat. § 245.4712, subd. 2, to the definition of “Mental Health Practitioner.”

Amends Minn. Stat. § 245.462, subd. 17

B. Children’s Mental Health Act

Enumerates “related fields” in which a “Mental Health Practitioner” must hold a Bachelor’s Degree to include: (1) social work; (2) psychology; (3) sociology; (4) community counseling; (5) family social science; (6) child development/child psychology; (7) community mental health; (8) addiction counseling; (9) counseling/guidance; and (10) special education. Specifies that the list is not exclusive.

Amends Minn. Stat. § 245.4871, subd. 26

XVII. OFFICE OF THE OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

First Special Session, Chapter 6, Article 8, Sections 8 – 11 and Article 18, Section 7 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. §§ 245.91, subds. 4 and 6; 245.94, subd. 1; and 245.97, subd. 6

Effective May 31, 2017

A. Mental Health/DD Ombudsman Authority

Makes changes to the definition of “serious injury,” clarifies status of the Ombudsman as a health oversight agency, expands the definition of facilities or programs to include facilities or programs regulated by the commissioners of health and education, and allows Ombudsman to use photo and video in investigations with client consent.

B. New Authority to Monitor University of Minnesota – Department of Psychiatry

Appropriates \$100,000 per year for the biennium for monitoring the University of Minnesota’s Department of Psychiatry.

XVIII. PROTECTION FOR PERSONS WITH ALZHEIMER’S DISEASE OR A RELATED DEMENTIA

First Special Session, Chapter 6, Article 10, Section 146 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section

Effective July 1, 2017

Directs the Department of Health to work with interested stakeholders to evaluate whether existing laws (including laws governing housing with services establishments, board and lodging establishments with special services, assisted living designations, and home care providers), building code requirements, and landlord tenancy laws sufficiently protect the health and safety of persons diagnosed with Alzheimer's disease or a related dementia.

XIX. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY SERVICES FOR PERSONS UNDER 21 (PRTF)

First Special Session, Chapter 6, Article 8, Sections 68 - 70 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Amends Minn. Stat. §§ 256B.0625, subd. 45a; and 256B.0943, subd. 13

Adds Minn. Stat. § 256B.0941

Effective May 31, 2017

A. Eligibility

Requires an individual who is eligible for mental health treatment services in a psychiatric residential treatment facility to: (1) have services determined to be medically necessary; (2) be younger than 21 at the time of admission; (3) have a mental health diagnosis, as well as clinical evidence of severe aggression, or a finding that the individual is a risk to self or others; (4) have functional impairment and a history of difficulty in functioning safely and successfully in the community, school, home, or job, an inability to adequately care for her/his physical needs; or be in a situation where others are unable to safely fulfill the individual's needs; (5) require psychiatric residential treatment; (6) have utilized and exhausted other community-based mental health services, or clinical evidence indicates that such services cannot provide the level of care needed; and (7) be referred for treatment in a psychiatric residential treatment facility by a qualified mental health professional licensed.

Adds Minn. Stat. § 256B.0941, subd. 1

B. Services

Enumerates the services a psychiatric residential treatment facility service provider must: (1) offer; and (2) have the capacity to provide.

Adds Minn. Stat. § 256B.0941, subd. 2

C. Leave Days

Provides that MA covers therapeutic and hospital leave days, provided the recipient: (1) was not discharged from the psychiatric residential treatment facility; and (2) is expected to return to the psychiatric residential treatment facility. Requires a reserved bed to be held for a recipient on hospital leave or therapeutic leave. Provides that a therapeutic leave day to home must be used to prepare for discharge and reintegration. Defines a hospital leave day as a day for which a recipient has been admitted to a hospital for medical or acute psychiatric care and is temporarily absent from the psychiatric residential treatment facility.

Adds Minn. Stat. § 256B.0941, subd. 4

D. MA Coverage Generally

Clarifies that MA covers psychiatric residential treatment facility services according to the new Minn. Stat. § 256B.0941. Adds PRTF as a part of Children's Therapeutic Services and Supports which qualify for MA coverage.

Amends Minn. Stat. §§ 256B.0625, subd. 45a; and 256B.0943, subd. 13

XX. QUALITY OF SERVICES – DIAGNOSTIC ASSESSMENT

First Special Session, Chapter 6, Article 8, Section 6 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 245.4876, subd. 2

Effective July 1, 2017

Eliminates the requirement for outpatient services for children complete a diagnostic assessment within the earlier of five days after the child's second visit or 30 days after intake.

XXI. RENTAL ASSISTANCE FOR PERSONS WITH MENTAL ILLNESS

Regular Session, Chapter 94, Article 1, Sections 3 subd. 4 (SF 1456)

Omnibus Jobs and Economic Development Finance and Policy Bill

Effective July 1, 2017

Appropriates \$8,176,000 for the SFY 2018-19 biennium (\$4,088,000 each year) to the Minnesota Housing Finance Agency (MHFA) for the Rental Housing Assistance Program for Persons with a Mental Illness or families with an adult member with a mental illness, under Minn. Stat. § 462A.2097. Requires MHFA to prioritize proposals that target eligible persons who desire to move to more integrated, community-based settings.

XXII. STUDY AND REPORT ON CHILDREN’S MENTAL HEALTH

First Special Session, Chapter 6, Article 8, Section 74 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Uncodified Section
Effective July 1, 2017

Requires DHS to: (1) conduct a comprehensive analysis of Minnesota's continuum of intensive mental health services; (2) develop recommendations for a sustainable and community-driven continuum of care for children with serious mental health needs, including children currently being served in residential treatment; and (3) submit a report to a report with specific recommendations and timelines for implementation to the Legislature by November 15, 2018.

XXIII. TARGETED CASE MANAGEMENT

First Special Session, Chapter 6, Article 4, Sections 25, 34, and 44 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 256B.0621, subd. 4a
Effective July 1, 2017

Allows interactive video (ITV) will be paid for by targeted case management services for persons who reside in a hospital, nursing facility, or residential setting.

STATE-OPERATED PROGRAMS

I. ANOKA METRO REGIONAL TREATMENT CENTER (AMRTC)

First Special Session, Chapter 8, Article 1 Section 17 Subd 4(HF 5)
Bonding Bill
Bonding Appropriation
Effective July 1, 2017

Authorizes \$2.250 million for security upgrades and campus wide video electronic monitoring and personal safety alert systems at AMRTC.

II. CHILD ADOLESCENT AND BEHAVIORAL HEALTH SERVICES (CABHS)

*First Special Session, Chapter 6, Article 18, Section 2, Subdivision 34(a) (SF 2)
Omnibus Health and Human Services Finance and Policy Bill)
First Special Session, Chapter 8, Article 1 (HF 2) (Bonding Bill)
Appropriations Section
Effective July 1, 2017*

Provides \$896,000 for the operation of the CABHS program in Willmar which serves an average of four children for a per diem of \$3,933. Authorizes \$7.53 million in bonding to build a new 16-bed facility in Willmar.

III. LOCATION OF PROGRAMS

*First Special Session, Chapter 6, Article 6, Section 1 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Adds Minn. Stat. § 252.50, subd. 5
Effective July 1, 2017*

Requires DHS, when determining the location of state-operated, community-based programs, to: (1) prioritize beds for individuals with complex behavioral needs not met by private community-based providers; and (2) take into account individual choices to move to more integrated settings.

IV. MINNESOTA SECURITY HOSPITAL (MSH)

*First Special Session, Chapter 6, Article 18, Section 2, Subdivision 34(a) (SF 2)
Omnibus Health and Human Services Finance and Policy Bill)
First Special Session, Chapter 8, Article 1 (HF 5) (Bonding Bill)
Effective July 1, 2017*

A. Renovations at MSH

Appropriates \$70.255 million for renovations at MSH.
Regular Session, Chapter 8, Article 1 (HHS Bill)

B. Staff Increases at St. Peter Programs

Provides \$22.8 Million for the SFY 2018-19 SFY 2018-19 biennium and \$35.4 Million for the 2020-21 SFY 2018-19 biennium to increase staffing at all St. Peter programs, including the sex offender program, competency restoration and for those committed as mentally ill and dangerous.
First Special Session, Chapter 6, Article 18 (Bonding Bill)

V. MINNESOTA STATE OPERATED COMMUNITY SERVICES (MSOCS) SUSTAINABILITY

First Special Session, Chapter 6, Article 18, Section 2, Subdivision 35(b) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Appropriations Rider

Effective July 1, 2017

Provides: (1) \$10.3 million for MSOCS operating and start-up expenses for the SFY 2018-19 SFY 2018-19 biennium; and (2) \$3.6 million for the 2020-21 SFY 2018-19 biennium for similar purposes.

VI. REVIEW OF ALTERNATIVES TO ONE-PERSON GROUP HOMES

First Special Session, Chapter 6, Article 6, Section 3 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Uncodified Section

Effective July 1, 2017

Directs DHS to review (with input from stakeholders) the potential for, and the viability of, alternatives to state-operated group homes housing one person with the intent is to create housing options for individuals who do not belong in an institutionalized setting, but need additional support before transitioning to a more independent community placement. Requires a report to the Legislature by January 15, 2018.

MISCELLANEOUS

I. ARCHITECTURAL BARRIERS --- REQUIREMENTS FOR LEGAL ACTION

Regular Session, Chapter 80 (HF 1542)

Amends Minn. Stat. §§ 363A.28, subd. 3; and 363A.331, subds. 2(a) and 5

Adds Minn. Stat. § 363A.331, subds. 2(c) and (d); 2a

Effective May 24, 2017 and applies to civil actions for violations of accessibility requirements under law brought on or after that date.

A. Mandatory Pre-Litigation Notice of Architectural Barrier

1. Notice Requirement

Makes mandatory what had been a voluntary a notice (demand letter) alleging violation(s) of Minnesota Human Rights Act (MHRA) or the Americans with Disabilities Act (ADA) sections requiring removal of physical barriers to access in public accommodations.

Amends Minn. Stat. § 363A.331, subd. 2(a)

2. Applicability
Makes the requirement to provide mandatory notice applicable to persons alleging a violation of the MHRA or ADA if the person is: (1) an attorney; (2) represented by an attorney.
Amends Minn. Stat. § 363A.331, subd. 2(a)
3. Response Time
Extends the mandatory response period that must be provided in the mandatory notice from at least 30 days to at least 60 days.
Amends Minn. Stat. § 363A.331, subd. 2(a)
4. Action Prohibited During Notice Period
Expressly prohibits a civil action from being brought during the notice period. Expressly permits a civil action to be brought after the expiration of the notice period.
Adds Minn. Stat. § 363A.331, subd. 2(c)
5. Extension for Weather
Extends the response period in the notice and the ban on bringing a civil action for an additional 30 days if, within the initial 60-day response time provided/required in the notice, the business: (1) indicates in writing an intent to remove the barrier; (2) demonstrates that weather prevents a timely removal; (3) specifies in writing the steps that will be taken to remove the barrier; and (4) specifies in writing the date by which the barrier will be removed.
Adds Minn. Stat. § 363A.331, subd. 2(d)

B. When Pro Se Plaintiff Retains an Attorney Within 60 Days After Bringing a Civil Action

1. If Civil Action Already Filed with Court
Requires, where a pro se plaintiff retains an attorney within 60 days of serving a complaint and filing an action alleging a violation of accessibility requirements under law, the retained attorney to provide a dated notice of architectural barrier to the business, which must: (1) cite the law alleged to be violated; (2) identify each architectural barrier that is the subject of an alleged violation; (3) specify the location on the premises of each alleged violation; (3) provide the portion of the statutory form notice under Minn. Stat. § 363A.331, subd. 3 offering a referral to the Minnesota Council on Disability and noting the availability of accessibility audits; (4) provide an additional 60 days after the date of the notice or service of the complaint for the defendant to serve an answer or amend a previous answer to the complaint.
Adds Minn. Stat. § 363A.331, subd. 2a

2. If Civil Action Has Not Yet Been Filed with Court

a. *Notice Required*

Requires, where a pro se plaintiff retains an attorney within 60 days of serving a complaint but has not yet filed an action alleging a violation of accessibility requirements under law, the retained attorney must provide a dated notice of architectural barrier to the business, which must: (1) cite the law alleged to be violated; (2) identify each architectural barrier that is the subject of an alleged violation; (3) specify the location on the premises of each alleged violation; (3) provide the portion of the statutory form notice under Minn. Stat. § 363A.331, subd. 3 offering a referral to the Minnesota Council on Disability and noting the availability of accessibility audits; (4) provide an additional 60 days after the date of the notice or service of the complaint for the defendant to serve an answer or amend a previous answer to the complaint.

Adds Minn. Stat. § 363A.331, subd. 2a

b. *Waiting Period to File*

Prohibits an attorney retained by a pro se plaintiff alleging a violation of accessibility requirements under law within 60 days of the service of the summons and complaint by the pro se plaintiff but before its filing with the court from filing the action until expiration of the time provided for in the notice.

Adds Minn. Stat. § 363A.331, subd. 2a

c. *Stay of Answer Period*

Stays the time period for serving an answer to the complaint under Rule 12 of the Minnesota Rules of Civil Procedure and the proceedings for the period of time specified in the notice where an attorney is retained by a pro se plaintiff alleging a violation of accessibility requirements under law within 60 days of the service of the summons and complaint by the pro se plaintiff but before its filing with the court.

Adds Minn. Stat. § 363A.331, subd. 2a

C. Modified Exemptions

1. Exemptions from Notice

Clarifies that pro se plaintiffs who themselves are attorneys are subject to the mandatory notice requirement.

Amends Minn. Stat. § 363A.331, subd. 5

2. Claims for Injury

Effectively provides clarity with respect to options to claim physical and/or emotional injury for claims of denial of access. Clarifies that a person can either: (1) bring a common law tort claim for damages (and thus forgo the ability to seek attorneys' fees under the MHRA); or (2) bring a claim for damages under the Minnesota Human Rights Act and comply with the pre-litigation notice requirement and 60-day waiting period (and thus utilize the provision under the MHRA allowing for attorneys' fees for the prevailing party).

Amends Minn. Stat. § 363A.331, subd. 5

II. CENTERS FOR INDEPENDENT LIVING

Regular Session, Chapter 94, Article 1, Sections 2 (c) (SF 1456)

Omnibus Jobs and Economic Development Finance and Policy Bill

Effective July 1, 2017

Appropriates \$6,022,000 for the SFY 2018-19 biennium (\$3,011,000 each year) to the Department of Employment and Economic Development for grants to Centers for Independent Living under the existing program under Minn. Stat. § 268A.11.

III. CRIMINAL BACKGROUND CHECKS FOR CERTAIN HEALTH PROFESSIONALS

First Special Session, Chapter 6, Article 10, Section 56 (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 144.0572

Effective July 1, 2017

Establishes criminal history background check requirements for: (1) audiologists; (2) speech-language pathologists; and (3) hearing instrument dispensers.

IV. FINES FOR MALTREATMENT IN DHS LICENSED FACILITIES

First Special Session, Chapter 6, Article 9, Section 8 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 245A.07, subd. 3
Effective August 1, 2017

Modifies DHS licensing act to increase the fines for determinations of serious maltreatment to \$5,000. Establishes a fine of \$1,000 for each determination of maltreatment for a program operating through a license holder's home or family day care program through Minnesota Rules.

V. MALTREATMENT INVESTIGATION IN DEPARTMENT OF CORRECTIONS FACILITIES

First Special Session Chapter 6, Article 9, Section 11 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. § 626.556, subd. 3c
Effective July 1, 2017

Requires investigations of maltreatment in Corrections licensed children's residential facilities to be conducted by the Department of Human Services Licensing Division.

VI. OFFICE OF THE OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

First Special Session, Chapter 6, Article 8, Sections 8 – 11 and Article 18, Section 7 (SF 2)
Omnibus Health and Human Services Finance and Policy Bill
Amends Minn. Stat. §§ 245.91, subds. 4 and 6; 245.94, subd. 1; and 245.97, subd. 6
Effective May 31, 2017

A. Mental Health/DD Ombudsman Authority

Makes changes to the definition of "serious injury," clarifies status of the Ombudsman as a health oversight agency, expands the definition of facilities or programs to include facilities or programs regulated by the commissioners of health and education, and allows Ombudsman to use photo and video in investigations with client consent.

B. New Authority to Monitor University of Minnesota – Department of Psychiatry

Appropriates \$100,000 per year for the biennium for monitoring the University of Minnesota's Department of Psychiatry.

VII. SELF-ADVOCACY FUNDING

First Special Session, Chapter 6, Article 1, Section 4 and Article 18, Section 2, Subdivision 29(b) and (c) (SF 2)

Omnibus Health and Human Services Finance and Policy Bill

Adds Minn. Stat. § 256.477

Appropriation Riders

Effective July 1, 2017

Codifies provisions governing a grant to a self-advocacy organization governed by persons with intellectual and developmental disabilities to promote and maintain a statewide self-advocacy network for peer-led training on rights, service options and self-advocacy throughout the state. Appropriates \$248,000 per year for the SFY 2018-19 biennium. Designates \$105,000 per year of this appropriation for grants targeting peer-led training to help persons understand their options for community services related to housing, employment, education, transportation and other opportunities.