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HOUSE FILE No. **572**

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act  
1.2 relating to human services; changing mental health provisions for inmates;  
1.3 amending Minnesota Statutes 2006, sections 245.462, subdivision 20; 256D.03,  
1.4 subdivision 3.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2006, section 245.462, subdivision 20, is amended to  
1.7 read:

1.8 Subd. 20. **Mental illness.** (a) "Mental illness" means an organic disorder of the  
1.9 brain or a clinically significant disorder of thought, mood, perception, orientation,  
1.10 memory, or behavior that is listed in the clinical manual of the International Classification  
1.11 of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0  
1.12 or the corresponding code in the American Psychiatric Association's Diagnostic and  
1.13 Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III, and  
1.14 that seriously limits a person's capacity to function in primary aspects of daily living such  
1.15 as personal relations, living arrangements, work, and recreation.

1.16 (b) An "adult with acute mental illness" means an adult who has a mental illness that  
1.17 is serious enough to require prompt intervention.

1.18 (c) For purposes of case management and community support services, a "person  
1.19 with serious and persistent mental illness" means an adult who has a mental illness and  
1.20 meets at least one of the following criteria:

1.21 (1) the adult has undergone two or more episodes of inpatient care for a mental  
1.22 illness within the preceding 24 months;

1.23 (2) the adult has experienced a continuous psychiatric hospitalization or residential  
1.24 treatment exceeding six months' duration within the preceding 12 months;

2.1 (3) the adult has been an inmate at a jail or county regional jail or a prisoner at a  
 2.2 correctional facility two or more times within the preceding 24 months;

2.3 (4) the adult has experienced continuous confinement in a jail, county regional jail,  
 2.4 or correctional facility for more than six months' duration within the preceding 12 months;

2.5 (5) the adult has been treated by a crisis team two or more times within the preceding  
 2.6 24 months;

2.7 (6) the adult:

2.8 (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline  
 2.9 personality disorder;

2.10 (ii) indicates a significant impairment in functioning; and

2.11 (iii) has a written opinion from a mental health professional, in the last three years,  
 2.12 stating that the adult is reasonably likely to have future episodes requiring inpatient or  
 2.13 residential treatment, of a frequency described in clause (1) or (2), unless ongoing case  
 2.14 management or community support services are provided;

2.15 ~~(4)~~ (7) the adult has, in the last three years, been committed by a court as a person  
 2.16 who is mentally ill under chapter 253B, or the adult's commitment has been stayed or  
 2.17 continued; or

2.18 ~~(5)~~ (8) the adult (i) was eligible under clauses (1) to ~~(4)~~ (7), but the specified time  
 2.19 period has expired or the adult was eligible as a child under section 245.4871, subdivision  
 2.20 6; and (ii) has a written opinion from a mental health professional, in the last three years,  
 2.21 stating that the adult is reasonably likely to have future episodes requiring inpatient or  
 2.22 residential treatment, of a frequency described in clause (1) or (2), unless ongoing case  
 2.23 management or community support services are provided.

2.24 Sec. 2. Minnesota Statutes 2006, section 256D.03, subdivision 3, is amended to read:

2.25 Subd. 3. **General assistance medical care; eligibility.** (a) General assistance  
 2.26 medical care may be paid for any person who is not eligible for medical assistance under  
 2.27 chapter 256B, including eligibility for medical assistance based on a spenddown of excess  
 2.28 income according to section 256B.056, subdivision 5, or MinnesotaCare as defined in  
 2.29 paragraph (b), except as provided in paragraph (c), and:

2.30 (1) who is receiving assistance under section 256D.05, except for families with  
 2.31 children who are eligible under Minnesota family investment program (MFIP), or who is  
 2.32 having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

2.33 (2) who is a resident of Minnesota; and

2.34 (i) who has gross countable income not in excess of 75 percent of the federal poverty  
 2.35 guidelines for the family size, using a six-month budget period and whose equity in assets

3.1 is not in excess of \$1,000 per assistance unit. General assistance medical care is not  
3.2 available for applicants or enrollees who are otherwise eligible for medical assistance but  
3.3 fail to verify their assets. Enrollees who become eligible for medical assistance shall be  
3.4 terminated and transferred to medical assistance. Exempt assets, the reduction of excess  
3.5 assets, and the waiver of excess assets must conform to the medical assistance program in  
3.6 section 256B.056, subdivision 3, with the following exception: the maximum amount of  
3.7 undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by  
3.8 the trustee, assuming the full exercise of the trustee's discretion under the terms of the  
3.9 trust, must be applied toward the asset maximum;

3.10 (ii) who has gross countable income above 75 percent of the federal poverty  
3.11 guidelines but not in excess of 175 percent of the federal poverty guidelines for the  
3.12 family size, using a six-month budget period, whose equity in assets is not in excess  
3.13 of the limits in section 256B.056, subdivision 3c, and who applies during an inpatient  
3.14 hospitalization; or

3.15 (iii) the commissioner shall adjust the income standards under this section each July  
3.16 1 by the annual update of the federal poverty guidelines following publication by the  
3.17 United States Department of Health and Human Services.

3.18 (b) Effective for applications and renewals processed on or after September 1, 2006,  
3.19 general assistance medical care may not be paid for applicants or recipients who are adults  
3.20 with dependent children under 21 whose gross family income is equal to or less than 275  
3.21 percent of the federal poverty guidelines who are not described in paragraph (e).

3.22 (c) Effective for applications and renewals processed on or after September 1, 2006,  
3.23 general assistance medical care may be paid for applicants and recipients who meet all  
3.24 eligibility requirements of paragraph (a), clause (2), item (i), for a temporary period  
3.25 beginning the date of application. Immediately following approval of general assistance  
3.26 medical care, enrollees shall be enrolled in MinnesotaCare under section 256L.04,  
3.27 subdivision 7, with covered services as provided in section 256L.03 for the rest of the  
3.28 six-month eligibility period, until their six-month renewal.

3.29 (d) To be eligible for general assistance medical care following enrollment in  
3.30 MinnesotaCare as required by paragraph (c), an individual must complete a new  
3.31 application.

3.32 (e) Applicants and recipients eligible under paragraph (a), clause (1); who have  
3.33 applied for and are awaiting a determination of blindness or disability by the state medical  
3.34 review team or a determination of eligibility for Supplemental Security Income or Social  
3.35 Security Disability Insurance by the Social Security Administration; who fail to meet the  
3.36 requirements of section 256L.09, subdivision 2; who are classified as end-stage renal

4.1 disease beneficiaries in the Medicare program; who are enrolled in private health care  
4.2 coverage as defined in section 256B.02, subdivision 9; who are eligible under paragraph  
4.3 (j); or who receive treatment funded pursuant to section 254B.02 are exempt from the  
4.4 MinnesotaCare enrollment requirements of this subdivision.

4.5 (f) For applications received on or after October 1, 2003, eligibility may begin no  
4.6 earlier than the date of application. For individuals eligible under paragraph (a), clause  
4.7 (2), item (i), a redetermination of eligibility must occur every 12 months. Individuals are  
4.8 eligible under paragraph (a), clause (2), item (ii), only during inpatient hospitalization but  
4.9 may reapply if there is a subsequent period of inpatient hospitalization.

4.10 (g) Beginning September 1, 2006, Minnesota health care program applications and  
4.11 renewals completed by recipients and applicants who are persons described in paragraph  
4.12 (c) and submitted to the county agency shall be determined for MinnesotaCare eligibility  
4.13 by the county agency. If all other eligibility requirements of this subdivision are met,  
4.14 eligibility for general assistance medical care shall be available in any month during which  
4.15 MinnesotaCare enrollment is pending. Upon notification of eligibility for MinnesotaCare,  
4.16 notice of termination for eligibility for general assistance medical care shall be sent to  
4.17 an applicant or recipient. If all other eligibility requirements of this subdivision are  
4.18 met, eligibility for general assistance medical care shall be available until enrollment in  
4.19 MinnesotaCare subject to the provisions of paragraphs (c), (e), and (f).

4.20 (h) The date of an initial Minnesota health care program application necessary to  
4.21 begin a determination of eligibility shall be the date the applicant has provided a name,  
4.22 address, and Social Security number, signed and dated, to the county agency or the  
4.23 Department of Human Services. If the applicant is unable to provide a name, address,  
4.24 Social Security number, and signature when health care is delivered due to a medical  
4.25 condition or disability, a health care provider may act on an applicant's behalf to establish  
4.26 the date of an initial Minnesota health care program application by providing the county  
4.27 agency or Department of Human Services with provider identification and a temporary  
4.28 unique identifier for the applicant. The applicant must complete the remainder of the  
4.29 application and provide necessary verification before eligibility can be determined. The  
4.30 county agency must assist the applicant in obtaining verification if necessary.

4.31 (i) County agencies are authorized to use all automated databases containing  
4.32 information regarding recipients' or applicants' income in order to determine eligibility for  
4.33 general assistance medical care or MinnesotaCare. Such use shall be considered sufficient  
4.34 in order to determine eligibility and premium payments by the county agency.

4.35 (j) General assistance medical care is not available for a person in a correctional  
4.36 facility unless the person is detained by law for less than one year in a county correctional

5.1 or detention facility as a person accused or convicted of a crime, or admitted as an  
5.2 inpatient to a hospital on a criminal hold order, and the person is a recipient of general  
5.3 assistance medical care at the time the person is detained by law or admitted on a criminal  
5.4 hold order and as long as the person continues to meet other eligibility requirements  
5.5 of this subdivision.

5.6 (k) General assistance medical care is not available for applicants or recipients who  
5.7 do not cooperate with the county agency to meet the requirements of medical assistance.

5.8 (l) In determining the amount of assets of an individual eligible under paragraph  
5.9 (a), clause (2), item (i), there shall be included any asset or interest in an asset, including  
5.10 an asset excluded under paragraph (a), that was given away, sold, or disposed of for  
5.11 less than fair market value within the 60 months preceding application for general  
5.12 assistance medical care or during the period of eligibility. Any transfer described in this  
5.13 paragraph shall be presumed to have been for the purpose of establishing eligibility for  
5.14 general assistance medical care, unless the individual furnishes convincing evidence to  
5.15 establish that the transaction was exclusively for another purpose. For purposes of this  
5.16 paragraph, the value of the asset or interest shall be the fair market value at the time it  
5.17 was given away, sold, or disposed of, less the amount of compensation received. For any  
5.18 uncompensated transfer, the number of months of ineligibility, including partial months,  
5.19 shall be calculated by dividing the uncompensated transfer amount by the average monthly  
5.20 per person payment made by the medical assistance program to skilled nursing facilities  
5.21 for the previous calendar year. The individual shall remain ineligible until this fixed period  
5.22 has expired. The period of ineligibility may exceed 30 months, and a reapplication for  
5.23 benefits after 30 months from the date of the transfer shall not result in eligibility unless  
5.24 and until the period of ineligibility has expired. The period of ineligibility begins in the  
5.25 month the transfer was reported to the county agency, or if the transfer was not reported,  
5.26 the month in which the county agency discovered the transfer, whichever comes first. For  
5.27 applicants, the period of ineligibility begins on the date of the first approved application.

5.28 (m) When determining eligibility for any state benefits under this subdivision,  
5.29 the income and resources of all noncitizens shall be deemed to include their sponsor's  
5.30 income and resources as defined in the Personal Responsibility and Work Opportunity  
5.31 Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421 and 422, and  
5.32 subsequently set out in federal rules.

5.33 (n) Undocumented noncitizens and nonimmigrants are ineligible for general  
5.34 assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual  
5.35 in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and

6.1 an undocumented noncitizen is an individual who resides in the United States without the  
6.2 approval or acquiescence of the Immigration and Naturalization Service.

6.3 (o) Notwithstanding any other provision of law, a noncitizen who is ineligible for  
6.4 medical assistance due to the deeming of a sponsor's income and resources, is ineligible  
6.5 for general assistance medical care.

6.6 (p) Effective July 1, 2003, general assistance medical care emergency services end.

6.7 (q) Effective July 1, 2007, individuals in a correctional facility who have been  
6.8 diagnosed with a mental illness as defined in section 245.462, subdivision 20, are  
6.9 eligible for general assistance medical care for three months from the date of release  
6.10 from confinement.