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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 574

February 5, 2007

Authored by Loeffler, Thissen, Hosch, Greiling and Lanning

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; establishing
1.3 children's mental health grants; establishing a children's mental health work
1.4 group; providing grants for trauma-focused, evidence-based practices to children;
1.5 providing county reimbursement for respite care for children; requiring reports;
1.6 appropriating money; amending Minnesota Statutes 2006, section 256L.07,
1.7 subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 245.

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

1.9 Section 1. **[245.4889] CHILDREN'S MENTAL HEALTH GRANTS.**

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

1.12 (1) counties;

1.13 (2) Indian tribes;

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

1.15 (4) mental health service providers

1.16 in providing services to children with emotional disturbances as defined in section
1.17 245.4871, subdivision 15, and their families. The commissioner may also authorize grants
1.18 to assist young adults meeting the criteria for transition services in section 245.4875,
1.19 subdivision 8, and their families.

1.20 (b) Services under paragraph (a) must be designed to help each child to function and
1.21 remain with the child's family in the community and must be delivered consistent with the
1.22 child's treatment plan. Transition services under paragraph (a) to eligible young adults
1.23 must be designed to foster independent living in the community.

1.24 Subd. 2. Grant application and reporting requirements. To apply for a grant an
1.25 applicant organization shall submit an application and budget for the use of the money

2.1 in the form specified by the commissioner. The commissioner shall make grants only to
 2.2 entities whose applications and budgets are approved by the commissioner. In awarding
 2.3 grants, the commissioner shall give priority to those counties whose applications indicate
 2.4 plans to collaborate in the development, funding, and delivery of services with other
 2.5 agencies in the local system of care. The commissioner shall specify requirements for
 2.6 reports, including quarterly fiscal reports under section 256.01, subdivision 2, paragraph
 2.7 (q). The commissioner shall require collection of data and periodic reports that the
 2.8 commissioner deems necessary to demonstrate the effectiveness of each service.

2.9 Sec. 2. Minnesota Statutes 2006, section 256L.07, subdivision 3, is amended to read:

2.10 Subd. 3. **Other health coverage.** (a) Families and individuals enrolled in the
 2.11 MinnesotaCare program must have no health coverage while enrolled ~~or for at least four~~
 2.12 ~~months prior to application and renewal.~~ Children enrolled in the original children's health
 2.13 plan and children in families with income equal to or less than 150 percent of the federal
 2.14 poverty guidelines, who have other health insurance, are eligible if the coverage:

2.15 (1) lacks two or more of the following:

2.16 (i) basic hospital insurance;

2.17 (ii) medical-surgical insurance;

2.18 (iii) prescription drug coverage;

2.19 (iv) dental coverage; ~~or~~

2.20 (v) vision coverage; or

2.21 (vi) mental health coverage;

2.22 (2) requires a deductible of \$100 or more per person per year; or

2.23 (3) lacks coverage because the child has exceeded the maximum coverage for a
 2.24 particular diagnosis or the policy excludes a particular diagnosis.

2.25 The commissioner may change this eligibility criterion for sliding scale premiums
 2.26 in order to remain within the limits of available appropriations. The requirement of no
 2.27 health coverage does not apply to newborns.

2.28 (b) Medical assistance, general assistance medical care, and the Civilian Health and
 2.29 Medical Program of the Uniformed Service, CHAMPUS, or other coverage provided under
 2.30 United States Code, title 10, subtitle A, part II, chapter 55, are not considered insurance or
 2.31 health coverage for purposes of the four-month requirement described in this subdivision.

2.32 (c) For purposes of this subdivision, an applicant or enrollee who is entitled to
 2.33 Medicare Part A or enrolled in Medicare Part B coverage under title XVIII of the Social
 2.34 Security Act, United States Code, title 42, sections 1395c to 1395w-152, is considered to
 2.35 have health coverage. An applicant or enrollee who is entitled to premium-free Medicare

3.1 Part A may not refuse to apply for or enroll in Medicare coverage to establish eligibility
3.2 for MinnesotaCare.

3.3 (d) Applicants who were recipients of medical assistance or general assistance
3.4 medical care within one month of application must meet the provisions of this subdivision
3.5 and subdivision 2.

3.6 (e) Cost-effective health insurance that was paid for by medical assistance is not
3.7 considered health coverage for purposes of the four-month requirement under this
3.8 section, except if the insurance continued after medical assistance no longer considered it
3.9 cost-effective or after medical assistance closed.

3.10 **Sec. 3. CHILDREN'S MENTAL HEALTH WORK GROUP; REPORT.**

3.11 The commissioner of human services shall convene a work group to study the unmet
3.12 need for funding of wraparound services to address the needs of children diagnosed
3.13 with an emotional disturbance or a severe emotional disturbance. The work group shall
3.14 consist of representatives from the Department of Health, the Department of Education,
3.15 organizations that provide or advocate for children's mental health services, and Minnesota
3.16 counties. The commissioner shall report the results of the work group's findings and
3.17 recommendations to the chairs of the house and senate committees with jurisdiction over
3.18 children's mental health no later than January 1, 2008.

3.19 **Sec. 4. TRAUMA-FOCUSED, EVIDENCE-BASED PRACTICES TO**
3.20 **CHILDREN.**

3.21 Organizations that are certified to provide children's therapeutic services and
3.22 supports under Minnesota Statutes, section 256B.0943, are eligible to apply for a grant.
3.23 Grants are to be used to provide trauma-focused, evidence-based practices to children
3.24 who are living in a battered women's shelter, homeless shelter, transitional housing, or
3.25 supported housing. Children served must have been exposed to or witnessed domestic
3.26 violence, have been exposed to or witnessed community violence, or be a refugee. Priority
3.27 shall be given to organizations that demonstrate collaboration with battered women's
3.28 shelters, homeless shelters, or providers of transitional housing or supported housing. The
3.29 commissioner shall specify which constitutes evidence-based practice. Organizations shall
3.30 use all available funding streams.

3.31 **Sec. 5. RESPIRE CARE.**

4.1 (a) The commissioner shall reimburse counties for their costs of funding respite
4.2 care for children who have a diagnosis of emotional disturbance or severe emotional
4.3 disturbance.

4.4 (b) Funds under paragraph (a) may be used to pay for day, night, overnight, and
4.5 summer or vacation respite care. Funds may also be used to recruit and train respite
4.6 care providers.

4.7 (c) The commissioner shall convene a work group composed of stakeholders to
4.8 determine how funds in subsequent years may be used, how funds will be disbursed to
4.9 counties, who is eligible to provide respite care, and what outcome data will be collected.

4.10 **Sec. 6. APPROPRIATIONS.**

4.11 Subdivision 1. **Evidence-based practice.** \$..... in fiscal year 2008 and \$..... in
4.12 fiscal year 2009 are appropriated from the general fund to the commissioner of human
4.13 services to develop and implement evidence-based practice in children’s mental health
4.14 care and treatment.

4.15 Subd. 2. **Childhood trauma; grants.** \$..... in fiscal year 2008 and \$..... in fiscal
4.16 year 2009 are appropriated from the general fund to the commissioner of human services
4.17 to make grants for the purpose of maintaining and expanding evidence-based practices
4.18 under section 4 that support children and youth who have been exposed to violence or
4.19 who are refugees.

4.20 Subd. 3. **Respite care.** \$..... in fiscal year 2008 is appropriated from the general
4.21 fund to the commissioner of human services to fund respite care for children under section
4.22 5 who have a diagnosis of emotional disturbance or severe emotional disturbance.