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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-FIFTH  
SESSION

**HOUSE FILE No. 1067**

February 19, 2007

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

March 19, 2007

Committee Recommendation and Adoption of Report:

To Pass as Amended and re-referred to the Committee on Finance

1.1 A bill for an act  
1.2 relating to human services; modifying mental health provisions; clarifying county  
1.3 board duties; instituting mental health service delivery reform; authorizing  
1.4 children's mental health grants; establishing restrictive procedures certification;  
1.5 modifying medical assistance coverage for mental health services; modifying  
1.6 MinnesotaCare coverage; requiring reports; amending Minnesota Statutes 2006,  
1.7 sections 148C.11, subdivision 1; 245.465, by adding a subdivision; 245.4874;  
1.8 256B.0625, subdivision 20, by adding a subdivision; 256B.0943, subdivision 8;  
1.9 256B.0945, subdivision 4; 256B.69, subdivisions 4, 5g, 5h; 256B.763; 256D.03,  
1.10 subdivision 4; 256L.03, subdivision 1; 256L.035; 256L.12, subdivision 9a;  
1.11 609.115, subdivision 9; Laws 2005, chapter 98, article 3, section 25; proposing  
1.12 coding for new law in Minnesota Statutes, chapter 245; repealing Minnesota  
1.13 Rules, part 9585.0030.

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

1.15 Section 1. Minnesota Statutes 2006, section 148C.11, subdivision 1, is amended to read:

1.16 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members  
1.17 of other professions or occupations from performing functions for which they are qualified  
1.18 or licensed. This exception includes, but is not limited to: licensed physicians; registered  
1.19 nurses; licensed practical nurses; licensed psychological practitioners; members of  
1.20 the clergy; American Indian medicine men and women; licensed attorneys; probation  
1.21 officers; licensed marriage and family therapists; licensed social workers; social workers  
1.22 employed by city, county, or state agencies; licensed professional counselors; licensed  
1.23 school counselors; registered occupational therapists or occupational therapy assistants;  
1.24 city, county, or state employees when providing assessments or case management under  
1.25 Minnesota Rules, chapter 9530; and until July 1, ~~2007~~ 2009, individuals providing  
1.26 integrated dual-diagnosis treatment in adult mental health rehabilitative programs certified  
1.27 by the Department of Human Services under section 256B.0622 or 256B.0623.

2.1 (b) Nothing in this chapter prohibits technicians and resident managers in programs  
2.2 licensed by the Department of Human Services from discharging their duties as provided  
2.3 in Minnesota Rules, chapter 9530.

2.4 (c) Any person who is exempt under this subdivision but who elects to obtain a  
2.5 license under this chapter is subject to this chapter to the same extent as other licensees.  
2.6 The board shall issue a license without examination to an applicant who is licensed or  
2.7 registered in a profession identified in paragraph (a) if the applicant:

2.8 (1) shows evidence of current licensure or registration; and

2.9 (2) has submitted to the board a plan for supervision during the first 2,000 hours of  
2.10 professional practice or has submitted proof of supervised professional practice that is  
2.11 acceptable to the board.

2.12 (d) Any person who is exempt from licensure under this section must not use a  
2.13 title incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug  
2.14 counselor" or otherwise hold themselves out to the public by any title or description  
2.15 stating or implying that they are engaged in the practice of alcohol and drug counseling,  
2.16 or that they are licensed to engage in the practice of alcohol and drug counseling unless  
2.17 that person is also licensed as an alcohol and drug counselor. Persons engaged in the  
2.18 practice of alcohol and drug counseling are not exempt from the board's jurisdiction  
2.19 solely by the use of one of the above titles.

2.20 Sec. 2. Minnesota Statutes 2006, section 245.465, is amended by adding a subdivision  
2.21 to read:

2.22 Subd. 3. **Responsibility not duplicated.** For individuals who have health care  
2.23 coverage, the county board is not responsible for providing mental health services which  
2.24 are within the limits of the individual's health care coverage.

2.25 Sec. 3. **[245.4682] MENTAL HEALTH SERVICE DELIVERY AND FINANCE**  
2.26 **REFORM.**

2.27 Subdivision 1. **Policy.** The commissioner of human services shall undertake a series  
2.28 of reforms to address the underlying structural, financial, and organizational problems in  
2.29 Minnesota's mental health system with the goal of improving the availability, quality, and  
2.30 accountability of mental health care within the state.

2.31 Subd. 2. **General provisions.** In the design and implementation of reforms to the  
2.32 mental health system, the commissioner shall:

2.33 (1) consult with consumers, families, counties, tribes, advocates, providers, and  
2.34 other stakeholders;

3.1 (2) bring to the legislature, and the State Advisory Council on Mental Health, by  
3.2 January 15, 2008, recommendations for legislation to update the role of counties and to  
3.3 clarify the case management roles and functions of health plans and counties;

3.4 (3) ensure continuity of care for persons affected by these reforms including  
3.5 ensuring client choice of provider by requiring broad provider networks and developing  
3.6 mechanisms to facilitate a smooth transition of service responsibilities;

3.7 (4) provide accountability for the efficient and effective use of public and private  
3.8 resources in achieving positive outcomes for consumers; and

3.9 (5) ensure client access to applicable protections and appeals.

3.10 Subd. 3. **Projects for coordination of care.** (a) Consistent with section 256B.69  
3.11 and chapters 256D and 256L, the commissioner is authorized to solicit, approve, and  
3.12 implement projects to demonstrate the integration of physical and mental health services  
3.13 within prepaid health plans and their coordination with social services. The commissioner  
3.14 shall require that each project be based on locally defined partnerships that include at  
3.15 least one health maintenance organization, community integrated service network, or  
3.16 accountable provider network authorized and operating under chapter 62D, 62N, or 62T, or  
3.17 county-based purchasing entity under section 256B.692 that is eligible to contract with the  
3.18 commissioner as a prepaid health plan, and the county or counties within the service area.

3.19 (b) The commissioner, in consultation with consumers, families, and their  
3.20 representatives, shall:

3.21 (1) determine criteria for approving the projects and use those criteria to solicit  
3.22 proposals for preferred integrated networks. The commissioner must develop criteria to  
3.23 evaluate the partnership proposed by the county and prepaid health plan to coordinate  
3.24 access and delivery of services. The proposal must at a minimum address how the  
3.25 partnership will coordinate the provision of:

3.26 (i) client outreach and identification of health and social service needs paired with  
3.27 expedited access to appropriate resources;

3.28 (ii) activities to maintain continuity of health care coverage;

3.29 (iii) children's residential mental health treatment and treatment foster care;

3.30 (iv) court-ordered assessments and treatments;

3.31 (v) prepetition screening and commitments under chapter 253B;

3.32 (vi) assessment and treatment of children identified through mental health screening  
3.33 of child welfare and juvenile corrections cases;

3.34 (vii) home and community-based waiver services;

3.35 (viii) assistance with finding and maintaining employment;

3.36 (ix) housing; and

- 4.1 (x) transportation;
- 4.2 (2) determine specifications for contracts with prepaid health plans to improve the
- 4.3 plan's ability to serve persons with mental health conditions, including specifications
- 4.4 addressing:
- 4.5 (i) early identification and intervention of physical and behavioral health problems;
- 4.6 (ii) communication between the enrollee and the health plan;
- 4.7 (iii) facilitation of enrollment for persons who are also eligible for a Medicare
- 4.8 special needs plan offered by the health plan;
- 4.9 (iv) risk screening procedures;
- 4.10 (v) health care coordination;
- 4.11 (vi) member services and access to applicable protections and appeal processes;
- 4.12 (vii) specialty provider networks;
- 4.13 (viii) transportation services;
- 4.14 (ix) treatment planning; and
- 4.15 (x) administrative simplification for providers;
- 4.16 (3) begin implementation of the projects no earlier than January 1, 2009, with not
- 4.17 more than 40 percent of the statewide population included during calendar year 2009 and
- 4.18 additional counties included in subsequent years;
- 4.19 (4) waive any administrative rule not consistent with the implementation of the
- 4.20 projects; and
- 4.21 (5) allow potential bidders at least 90 days to respond to the request for proposals.
- 4.22 (c) Notwithstanding any statute or administrative rule to the contrary, the
- 4.23 commissioner may enroll all persons eligible for medical assistance with serious mental
- 4.24 illness or emotional disturbance in the prepaid plan of their choice within the project
- 4.25 service area unless:
- 4.26 (1) the individual is eligible for home and community-based services for persons
- 4.27 with developmental disabilities and related conditions under section 256B.092; or
- 4.28 (2) the individual has a basis for exclusion from the prepaid plan under section
- 4.29 256B.69, subdivision 4, other than disability, mental illness, or emotional disturbance.
- 4.30 (d) If the person described in paragraph (c) does not elect to remain in fee-for-service
- 4.31 medical assistance, or declines to choose a plan, the commissioner may preferentially
- 4.32 assign that person to the prepaid plan participating in the preferred integrated network.
- 4.33 The commissioner shall implement the enrollment changes within a project's service area
- 4.34 on the timeline specified in that project's approved application.
- 4.35 (e) A person enrolled in a prepaid health plan under paragraphs (c) and (d) may
- 4.36 disenroll from the plan at any time.

5.1 (f) The commissioner, in consultation with consumers, families, and their  
5.2 representatives, shall evaluate the projects begun in 2009, and shall refine the design of the  
5.3 service integration projects before expanding the projects.

5.4 (g) The commissioner shall apply for any federal waivers necessary to implement  
5.5 these changes.

5.6 (h) Payment for Medicaid services provided under this subdivision for the months of  
5.7 May and June shall be made no earlier than July 1 of the same calendar year.

5.8 Sec. 4. Minnesota Statutes 2006, section 245.4874, is amended to read:

5.9 **245.4874 DUTIES OF COUNTY BOARD.**

5.10 Subdivision 1. Duties of the county board. (a) The county board must:

5.11 (1) develop a system of affordable and locally available children's mental health  
5.12 services according to sections 245.487 to 245.4887;

5.13 (2) establish a mechanism providing for interagency coordination as specified in  
5.14 section 245.4875, subdivision 6;

5.15 (3) consider the assessment of unmet needs in the county as reported by the local  
5.16 children's mental health advisory council under section 245.4875, subdivision 5, paragraph  
5.17 (b), clause (3). The county shall provide, upon request of the local children's mental health  
5.18 advisory council, readily available data to assist in the determination of unmet needs;

5.19 (4) assure that parents and providers in the county receive information about how to  
5.20 gain access to services provided according to sections 245.487 to 245.4887;

5.21 (5) coordinate the delivery of children's mental health services with services  
5.22 provided by social services, education, corrections, health, and vocational agencies to  
5.23 improve the availability of mental health services to children and the cost-effectiveness of  
5.24 their delivery;

5.25 (6) assure that mental health services delivered according to sections 245.487  
5.26 to 245.4887 are delivered expeditiously and are appropriate to the child's diagnostic  
5.27 assessment and individual treatment plan;

5.28 (7) provide the community with information about predictors and symptoms of  
5.29 emotional disturbances and how to access children's mental health services according to  
5.30 sections 245.4877 and 245.4878;

5.31 (8) provide for case management services to each child with severe emotional  
5.32 disturbance according to sections 245.486; 245.4871, subdivisions 3 and 4; and 245.4881,  
5.33 subdivisions 1, 3, and 5;

6.1 (9) provide for screening of each child under section 245.4885 upon admission  
6.2 to a residential treatment facility, acute care hospital inpatient treatment, or informal  
6.3 admission to a regional treatment center;

6.4 (10) prudently administer grants and purchase-of-service contracts that the county  
6.5 board determines are necessary to fulfill its responsibilities under sections 245.487 to  
6.6 245.4887;

6.7 (11) assure that mental health professionals, mental health practitioners, and case  
6.8 managers employed by or under contract to the county to provide mental health services  
6.9 are qualified under section 245.4871;

6.10 (12) assure that children's mental health services are coordinated with adult mental  
6.11 health services specified in sections 245.461 to 245.486 so that a continuum of mental  
6.12 health services is available to serve persons with mental illness, regardless of the person's  
6.13 age;

6.14 (13) assure that culturally informed mental health consultants are used as necessary  
6.15 to assist the county board in assessing and providing appropriate treatment for children of  
6.16 cultural or racial minority heritage; and

6.17 (14) consistent with section 245.486, arrange for or provide a children's mental  
6.18 health screening to a child receiving child protective services or a child in out-of-home  
6.19 placement, a child for whom parental rights have been terminated, a child found to be  
6.20 delinquent, and a child found to have committed a juvenile petty offense for the third or  
6.21 subsequent time, unless a screening has been performed within the previous 180 days, or  
6.22 the child is currently under the care of a mental health professional. The court or county  
6.23 agency must notify a parent or guardian whose parental rights have not been terminated of  
6.24 the potential mental health screening and the option to prevent the screening by notifying  
6.25 the court or county agency in writing. The screening shall be conducted with a screening  
6.26 instrument approved by the commissioner of human services according to criteria that  
6.27 are updated and issued annually to ensure that approved screening instruments are valid  
6.28 and useful for child welfare and juvenile justice populations, and shall be conducted  
6.29 by a mental health practitioner as defined in section 245.4871, subdivision 26, or a  
6.30 probation officer or local social services agency staff person who is trained in the use of  
6.31 the screening instrument. Training in the use of the instrument shall include training in the  
6.32 administration of the instrument, the interpretation of its validity given the child's current  
6.33 circumstances, the state and federal data practices laws and confidentiality standards, the  
6.34 parental consent requirement, and providing respect for families and cultural values.  
6.35 If the screen indicates a need for assessment, the child's family, or if the family lacks  
6.36 mental health insurance, the local social services agency, in consultation with the child's

7.1 family, shall have conducted a diagnostic assessment, including a functional assessment,  
7.2 as defined in section 245.4871. The administration of the screening shall safeguard the  
7.3 privacy of children receiving the screening and their families and shall comply with the  
7.4 Minnesota Government Data Practices Act, chapter 13, and the federal Health Insurance  
7.5 Portability and Accountability Act of 1996, Public Law 104-191. Screening results shall be  
7.6 considered private data and the commissioner shall not collect individual screening results.

7.7 (b) When the county board refers clients to providers of children's therapeutic  
7.8 services and supports under section 256B.0943, the county board must clearly identify  
7.9 the desired services components not covered under section 256B.0943 and identify the  
7.10 reimbursement source for those requested services, the method of payment, and the  
7.11 payment rate to the provider.

7.12 Subd. 2. **Responsibility not duplicated.** For individuals who have health care  
7.13 coverage, the county board is not responsible for providing mental health services which  
7.14 are within the limits of the individual's health care coverage.

7.15 **Sec. 5. [245.4889] CHILDREN'S MENTAL HEALTH GRANTS.**

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

7.18 (1) counties;

7.19 (2) Indian tribes;

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

7.21 (4) mental health service providers

7.22 for providing services to children with emotional disturbances as defined in section  
7.23 245.4871, subdivision 15, and their families. The commissioner may also authorize  
7.24 grants to young adults meeting the criteria for transition services in section 245.4875,  
7.25 subdivision 8, and their families.

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

7.30 Subd. 2. **Grant application and reporting requirements.** To apply for a grant,  
7.31 an applicant organization shall submit an application and budget for the use of the  
7.32 money in the form specified by the commissioner. The commissioner shall make grants  
7.33 only to entities whose applications and budgets are approved by the commissioner. In  
7.34 awarding grants, the commissioner shall give priority to applications that indicate plans  
7.35 to collaborate in the development, funding, and delivery of services with other agencies

8.1 in the local system of care. The commissioner shall specify requirements for reports,  
8.2 including quarterly fiscal reports under section 256.01, subdivision 2, paragraph (q). The  
8.3 commissioner shall require collection of data and periodic reports that the commissioner  
8.4 deems necessary to demonstrate the effectiveness of each service.

8.5 Sec. 6. Minnesota Statutes 2006, section 256B.0625, is amended by adding a  
8.6 subdivision to read:

8.7 Subd. 51. **Intensive mental health outpatient treatment.** Medical assistance  
8.8 covers intensive mental health outpatient treatment for dialectical behavioral therapy for  
8.9 adults. The commissioner shall establish:

8.10 (1) certification procedures to ensure that providers of these services are qualified;  
8.11 and

8.12 (2) treatment protocols including required service components and criteria for  
8.13 admission, continued treatment, and discharge.

8.14 **EFFECTIVE DATE.** This section is effective July 1, 2008, and subject to federal  
8.15 approval. The commissioner shall notify the revisor of statutes when federal approval is  
8.16 obtained.

8.17 Sec. 7. Minnesota Statutes 2006, section 256B.0625, subdivision 20, is amended to  
8.18 read:

8.19 Subd. 20. **Mental health case management.** (a) To the extent authorized by rule  
8.20 of the state agency, medical assistance covers case management services to persons with  
8.21 serious and persistent mental illness and children with severe emotional disturbance.  
8.22 Services provided under this section must meet the relevant standards in sections 245.461  
8.23 to 245.4887, the Comprehensive Adult and Children's Mental Health Acts, Minnesota  
8.24 Rules, parts 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10.

8.25 (b) Entities meeting program standards set out in rules governing family community  
8.26 support services as defined in section 245.4871, subdivision 17, are eligible for medical  
8.27 assistance reimbursement for case management services for children with severe  
8.28 emotional disturbance when these services meet the program standards in Minnesota  
8.29 Rules, parts 9520.0900 to 9520.0926 and 9505.0322, excluding subparts 6 and 10.

8.30 (c) Medical assistance and MinnesotaCare payment for mental health case  
8.31 management shall be made on a monthly basis. In order to receive payment for an eligible  
8.32 child, the provider must document at least a face-to-face contact with the child, the child's  
8.33 parents, or the child's legal representative. To receive payment for an eligible adult, the  
8.34 provider must document:

9.1 (1) at least a face-to-face contact with the adult or the adult's legal representative; or

9.2 (2) at least a telephone contact with the adult or the adult's legal representative and  
9.3 document a face-to-face contact with the adult or the adult's legal representative within  
9.4 the preceding two months.

9.5 (d) Payment for mental health case management provided by county or state staff  
9.6 shall be based on the monthly rate methodology under section 256B.094, subdivision 6,  
9.7 paragraph (b), with separate rates calculated for child welfare and mental health, and  
9.8 within mental health, separate rates for children and adults.

9.9 (e) Payment for mental health case management provided by Indian health services  
9.10 or by agencies operated by Indian tribes may be made according to this section or other  
9.11 relevant federally approved rate setting methodology.

9.12 (f) Payment for mental health case management provided by vendors who contract  
9.13 with a county or Indian tribe shall be based on a monthly rate negotiated by the host county  
9.14 or tribe. The negotiated rate must not exceed the rate charged by the vendor for the same  
9.15 service to other payers. If the service is provided by a team of contracted vendors, the  
9.16 county or tribe may negotiate a team rate with a vendor who is a member of the team. The  
9.17 team shall determine how to distribute the rate among its members. No reimbursement  
9.18 received by contracted vendors shall be returned to the county or tribe, except to reimburse  
9.19 the county or tribe for advance funding provided by the county or tribe to the vendor.

9.20 (g) If the service is provided by a team which includes contracted vendors, tribal  
9.21 staff, and county or state staff, the costs for county or state staff participation in the team  
9.22 shall be included in the rate for county-provided services. In this case, the contracted  
9.23 vendor, the tribal agency, and the county may each receive separate payment for services  
9.24 provided by each entity in the same month. In order to prevent duplication of services,  
9.25 each entity must document, in the recipient's file, the need for team case management and  
9.26 a description of the roles of the team members.

9.27 ~~(h) The commissioner shall calculate the nonfederal share of actual medical  
9.28 assistance and general assistance medical care payments for each county, based on the  
9.29 higher of calendar year 1995 or 1996, by service date, project that amount forward to 1999,  
9.30 and transfer one-half of the result from medical assistance and general assistance medical  
9.31 care to each county's mental health grants under section 256E.12 for calendar year 1999.  
9.32 The annualized minimum amount added to each county's mental health grant shall be  
9.33 \$3,000 per year for children and \$5,000 per year for adults. The commissioner may reduce  
9.34 the statewide growth factor in order to fund these minimums. The annualized total amount  
9.35 transferred shall become part of the base for future mental health grants for each county.~~

10.1 ~~(h)~~ (h) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of  
10.2 costs for mental health case management shall be provided by the recipient's county of  
10.3 responsibility, as defined in sections 256G.01 to 256G.12, from sources other than federal  
10.4 funds or funds used to match other federal funds. If the service is provided by a tribal  
10.5 agency, the nonfederal share, if any, shall be provided by the recipient's tribe. When this  
10.6 service is paid by the state without a federal share through fee-for-service, 50 percent of  
10.7 the cost shall be provided by the recipient's county of responsibility.

10.8 (i) Notwithstanding any administrative rule to the contrary, prepaid medical  
10.9 assistance, general assistance medical care, and MinnesotaCare include mental health case  
10.10 management. When the service is provided through prepaid capitation, the nonfederal  
10.11 share is paid by the state and the county pays no share.

10.12 (j) The commissioner may suspend, reduce, or terminate the reimbursement to a  
10.13 provider that does not meet the reporting or other requirements of this section. The county  
10.14 of responsibility, as defined in sections 256G.01 to 256G.12, or, if applicable, the tribal  
10.15 agency, is responsible for any federal disallowances. The county or tribe may share this  
10.16 responsibility with its contracted vendors.

10.17 (k) The commissioner shall set aside a portion of the federal funds earned for county  
10.18 expenditures under this section to repay the special revenue maximization account under  
10.19 section 256.01, subdivision 2, clause (15). The repayment is limited to:

10.20 (1) the costs of developing and implementing this section; and

10.21 (2) programming the information systems.

10.22 (l) Payments to counties and tribal agencies for case management expenditures  
10.23 under this section shall only be made from federal earnings from services provided  
10.24 under this section. When this service is paid by the state without a federal share through  
10.25 fee-for-service, 50 percent of the cost shall be provided by the state. Payments to  
10.26 county-contracted vendors shall include ~~both~~ the federal earnings, the state share, and the  
10.27 county share.

10.28 ~~(m) Notwithstanding section 256B.041, county payments for the cost of mental~~  
10.29 ~~health case management services provided by county or state staff shall not be made~~  
10.30 ~~to the commissioner of finance. For the purposes of mental health case management~~  
10.31 ~~services provided by county or state staff under this section, the centralized disbursement~~  
10.32 ~~of payments to counties under section 256B.041 consists only of federal earnings from~~  
10.33 ~~services provided under this section.~~

10.34 ~~(n)~~ (m) Case management services under this subdivision do not include therapy,  
10.35 treatment, legal, or outreach services.

11.1 ~~(o)~~ (n) If the recipient is a resident of a nursing facility, intermediate care facility,  
11.2 or hospital, and the recipient's institutional care is paid by medical assistance, payment  
11.3 for case management services under this subdivision is limited to the last 180 days of  
11.4 the recipient's residency in that facility and may not exceed more than six months in a  
11.5 calendar year.

11.6 ~~(p)~~ (o) Payment for case management services under this subdivision shall not  
11.7 duplicate payments made under other program authorities for the same purpose.

11.8 ~~(q)~~ By July 1, 2000, the commissioner shall evaluate the effectiveness of the changes  
11.9 required by this section, including changes in number of persons receiving mental health  
11.10 case management, changes in hours of service per person, and changes in caseload size.

11.11 ~~(r)~~ For each calendar year beginning with the calendar year 2001, the annualized  
11.12 amount of state funds for each county determined under paragraph (h) shall be adjusted by  
11.13 the county's percentage change in the average number of clients per month who received  
11.14 case management under this section during the fiscal year that ended six months prior to  
11.15 the calendar year in question, in comparison to the prior fiscal year.

11.16 ~~(s)~~ For counties receiving the minimum allocation of \$3,000 or \$5,000 described  
11.17 in paragraph (h), the adjustment in paragraph (s) shall be determined so that the county  
11.18 receives the higher of the following amounts:

11.19 ~~(1)~~ a continuation of the minimum allocation in paragraph (h); or

11.20 ~~(2)~~ an amount based on that county's average number of clients per month who  
11.21 received case management under this section during the fiscal year that ended six months  
11.22 prior to the calendar year in question, times the average statewide grant per person per  
11.23 month for counties not receiving the minimum allocation.

11.24 ~~(t)~~ The adjustments in paragraphs (s) and (t) shall be calculated separately for  
11.25 children and adults.

11.26 **EFFECTIVE DATE.** This section is effective January 1, 2009, except the  
11.27 amendments to paragraphs (h), (r), (s), and (t) are effective January 1, 2008.

11.28 Sec. 8. Minnesota Statutes 2006, section 256B.0943, subdivision 8, is amended to read:

11.29 Subd. 8. **Required preservice and continuing education.** (a) A provider entity  
11.30 shall establish a plan to provide preservice and continuing education for staff. The plan  
11.31 must clearly describe the type of training necessary to maintain current skills and obtain  
11.32 new skills and that relates to the provider entity's goals and objectives for services offered.

11.33 (b) A provider that employs a mental health behavioral aide under this section must  
11.34 require the mental health behavioral aide to complete 30 hours of preservice training. The  
11.35 preservice training must include topics specified in Minnesota Rules, part 9535.4068,

12.1 subparts 1 and 2, and parent team training. The preservice training must include 15 hours  
12.2 of in-person training of a mental health behavioral aide in mental health services delivery  
12.3 and eight hours of parent team training. Curricula for parent team training must be  
12.4 approved in advance by the commissioner. Components of parent team training include:

12.5 (1) partnering with parents;

12.6 (2) fundamentals of family support;

12.7 (3) fundamentals of policy and decision making;

12.8 (4) defining equal partnership;

12.9 (5) complexities of the parent and service provider partnership in multiple service

12.10 delivery systems due to system strengths and weaknesses;

12.11 (6) sibling impacts;

12.12 (7) support networks; and

12.13 (8) community resources.

12.14 (c) A provider entity that employs a mental health practitioner and a mental health  
12.15 behavioral aide to provide children's therapeutic services and supports under this section  
12.16 must require the mental health practitioner and mental health behavioral aide to complete  
12.17 20 hours of continuing education every two calendar years. The continuing education  
12.18 must be related to serving the needs of a child with emotional disturbance in the child's  
12.19 home environment and the child's family. The topics covered in orientation and training  
12.20 must conform to Minnesota Rules, part 9535.4068.

12.21 (d) The provider entity must document the mental health practitioner's or mental  
12.22 health behavioral aide's annual completion of the required continuing education. The  
12.23 documentation must include the date, subject, and number of hours of the continuing  
12.24 education, and attendance records, as verified by the staff member's signature, job  
12.25 title, and the instructor's name. The provider entity must keep documentation for each  
12.26 employee, including records of attendance at professional workshops and conferences,  
12.27 at a central location and in the employee's personnel file.

12.28 Sec. 9. Minnesota Statutes 2006, section 256B.0945, subdivision 4, is amended to read:

12.29 Subd. 4. **Payment rates.** (a) Notwithstanding sections 256B.19 and 256B.041,  
12.30 payments to counties for residential services provided by a residential facility shall only  
12.31 be made of federal earnings for services provided under this section, and the nonfederal  
12.32 share of costs for services provided under this section shall be paid by the county from  
12.33 sources other than federal funds or funds used to match other federal funds. Payment to  
12.34 counties for services provided according to this section shall be a proportion of the per

13.1 day contract rate that relates to rehabilitative mental health services and shall not include  
13.2 payment for costs or services that are billed to the IV-E program as room and board.

13.3 (b) Per diem rates paid to providers under this section by prepaid plans shall be the  
13.4 proportion of the per-day contract rate that relates to rehabilitative mental health services  
13.5 and shall not include payment for group foster care costs or services that are billed to the  
13.6 county of financial responsibility.

13.7 (c) The commissioner shall set aside a portion not to exceed five percent of the  
13.8 federal funds earned for county expenditures under this section to cover the state costs of  
13.9 administering this section. Any unexpended funds from the set-aside shall be distributed  
13.10 to the counties in proportion to their earnings under this section.

13.11 **EFFECTIVE DATE.** This section is effective January 1, 2009.

13.12 Sec. 10. Minnesota Statutes 2006, section 256B.69, subdivision 4, is amended to read:

13.13 Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to  
13.14 determine when limitation of choice may be implemented in the experimental counties.  
13.15 The criteria shall ensure that all eligible individuals in the county have continuing access  
13.16 to the full range of medical assistance services as specified in subdivision 6.

13.17 (b) The commissioner shall exempt the following persons from participation in the  
13.18 project, in addition to those who do not meet the criteria for limitation of choice:

13.19 (1) persons eligible for medical assistance according to section 256B.055,  
13.20 subdivision 1;

13.21 (2) persons eligible for medical assistance due to blindness or disability as  
13.22 determined by the Social Security Administration or the state medical review team, unless:

13.23 (i) they are 65 years of age or older; or

13.24 (ii) they reside in Itasca County or they reside in a county in which the commissioner  
13.25 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social  
13.26 Security Act;

13.27 (3) recipients who currently have private coverage through a health maintenance  
13.28 organization;

13.29 (4) recipients who are eligible for medical assistance by spending down excess  
13.30 income for medical expenses other than the nursing facility per diem expense;

13.31 (5) recipients who receive benefits under the Refugee Assistance Program,  
13.32 established under United States Code, title 8, section 1522(e);

13.33 (6) except children who are eligible for and who decline enrollment in an approved  
13.34 preferred integrated network under section 245.4682, children who are both determined to

14.1 be severely emotionally disturbed and receiving case management services according to  
14.2 section 256B.0625, subdivision 20;

14.3 (7) adults who are both determined to be seriously and persistently mentally ill and  
14.4 received case management services according to section 256B.0625, subdivision 20;

14.5 (8) persons eligible for medical assistance according to section 256B.057,  
14.6 subdivision 10; and

14.7 (9) persons with access to cost-effective employer-sponsored private health  
14.8 insurance or persons enrolled in a non-Medicare individual health plan determined to be  
14.9 cost-effective according to section 256B.0625, subdivision 15.

14.10 Children under age 21 who are in foster placement may enroll in the project on an elective  
14.11 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an  
14.12 elective basis. The commissioner may enroll recipients in the prepaid medical assistance  
14.13 program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by  
14.14 spending down excess income.

14.15 (c) The commissioner may allow persons with a one-month spenddown who are  
14.16 otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay  
14.17 their monthly spenddown to the state.

14.18 (d) The commissioner may require those individuals to enroll in the prepaid medical  
14.19 assistance program who otherwise would have been excluded under paragraph (b), clauses  
14.20 (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

14.21 (e) Before limitation of choice is implemented, eligible individuals shall be notified  
14.22 and after notification, shall be allowed to choose only among demonstration providers.  
14.23 The commissioner may assign an individual with private coverage through a health  
14.24 maintenance organization, to the same health maintenance organization for medical  
14.25 assistance coverage, if the health maintenance organization is under contract for medical  
14.26 assistance in the individual's county of residence. After initially choosing a provider,  
14.27 the recipient is allowed to change that choice only at specified times as allowed by the  
14.28 commissioner. If a demonstration provider ends participation in the project for any reason,  
14.29 a recipient enrolled with that provider must select a new provider but may change providers  
14.30 without cause once more within the first 60 days after enrollment with the second provider.

14.31 (f) An infant born to a woman who is eligible for and receiving medical assistance  
14.32 and who is enrolled in the prepaid medical assistance program shall be retroactively  
14.33 enrolled to the month of birth in the same managed care plan as the mother once the  
14.34 child is enrolled in medical assistance unless the child is determined to be excluded from  
14.35 enrollment in a prepaid plan under this section.

15.1 **EFFECTIVE DATE.** This section is effective January 1, 2009.

15.2 Sec. 11. Minnesota Statutes 2006, section 256B.69, subdivision 5g, is amended to read:

15.3 Subd. 5g. **Payment for covered services.** For services rendered on or after January  
15.4 1, 2003, the total payment made to managed care plans for providing covered services  
15.5 under the medical assistance and general assistance medical care programs is reduced by  
15.6 .5 percent from their current statutory rates. This provision excludes payments for nursing  
15.7 home services, home and community-based waivers, ~~and~~ payments to demonstration  
15.8 projects for persons with disabilities, and mental health services added as covered benefits  
15.9 after December 31, 2007.

15.10 Sec. 12. Minnesota Statutes 2006, section 256B.69, subdivision 5h, is amended to read:

15.11 Subd. 5h. **Payment reduction.** In addition to the reduction in subdivision 5g,  
15.12 the total payment made to managed care plans under the medical assistance program is  
15.13 reduced 1.0 percent for services provided on or after October 1, 2003, and an additional  
15.14 1.0 percent for services provided on or after January 1, 2004. This provision excludes  
15.15 payments for nursing home services, home and community-based waivers, ~~and~~ payments  
15.16 to demonstration projects for persons with disabilities, and mental health services added as  
15.17 covered benefits after December 31, 2007.

15.18 Sec. 13. Minnesota Statutes 2006, section 256B.763, is amended to read:

15.19 **256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

15.20 (a) For services defined in paragraph (b) and rendered on or after July 1, 2007,  
15.21 payment rates shall be increased by 23.7 percent over the rates in effect on January 1,  
15.22 2006, for:

15.23 (1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;  
15.24 (2) community mental health centers under section 256B.0625, subdivision 5; and  
15.25 (3) mental health clinics and centers certified under Minnesota Rules, parts  
15.26 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments that are designated  
15.27 as essential community providers under section 62Q.19.

15.28 (b) This increase applies to group skills training when provided as a component of  
15.29 children's therapeutic services and support, psychotherapy, medication management,  
15.30 evaluation and management, diagnostic assessment, explanation of findings, psychological  
15.31 testing, neuropsychological services, direction of behavioral aides, and inpatient  
15.32 consultation.

16.1 (c) This increase does not apply to rates that are governed by section 256B.0625,  
 16.2 subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are  
 16.3 negotiated with the county, rates that are established by the federal government, or rates  
 16.4 that increased between January 1, 2004, and January 1, 2005.

16.5 (d) The commissioner shall adjust rates paid to prepaid health plans under contract  
 16.6 with the commissioner to reflect the rate increases provided in ~~paragraph~~ paragraphs (a),  
 16.7 (e), and (f). The prepaid health plan must pass this rate increase to the providers identified  
 16.8 in ~~paragraph~~ paragraphs (a), (e), and (f).

16.9 (e) Payment rates shall be increased by 23.7 percent over the rates in effect on  
 16.10 January 1, 2006, for:

16.11 (1) medication education services provided on or after January 1, 2008, by adult  
 16.12 rehabilitative mental health services providers certified under section 256B.0623; and

16.13 (2) mental health behavioral aide services provided on or after January 1, 2008, by  
 16.14 children's therapeutic services and support providers certified under section 256B.0943.

16.15 (f) For services defined in paragraph (b) and rendered on or after January 1, 2008, by  
 16.16 children's therapeutic services and support providers certified under section 256B.0943  
 16.17 and not already included in paragraph (a), payment rates shall be increased by 23.7 percent  
 16.18 over the rates in effect on January 1, 2006.

16.19 **EFFECTIVE DATE.** This section is effective January 1, 2008.

16.20 Sec. 14. Minnesota Statutes 2006, section 256D.03, subdivision 4, is amended to read:

16.21 Subd. 4. **General assistance medical care; services.** (a)(i) For a person who is  
 16.22 eligible under subdivision 3, paragraph (a), clause (2), item (i), general assistance medical  
 16.23 care covers, except as provided in paragraph (c):

16.24 (1) inpatient hospital services;

16.25 (2) outpatient hospital services;

16.26 (3) services provided by Medicare certified rehabilitation agencies;

16.27 (4) prescription drugs and other products recommended through the process  
 16.28 established in section 256B.0625, subdivision 13;

16.29 (5) equipment necessary to administer insulin and diagnostic supplies and equipment  
 16.30 for diabetics to monitor blood sugar level;

16.31 (6) eyeglasses and eye examinations provided by a physician or optometrist;

16.32 (7) hearing aids;

16.33 (8) prosthetic devices;

16.34 (9) laboratory and X-ray services;

16.35 (10) physician's services;

- 17.1 (11) medical transportation except special transportation;
- 17.2 (12) chiropractic services as covered under the medical assistance program;
- 17.3 (13) podiatric services;
- 17.4 (14) dental services as covered under the medical assistance program;
- 17.5 ~~(15) outpatient services provided by a mental health center or clinic that is under~~
- 17.6 ~~contract with the county board and is established under section 245.62~~ mental health
- 17.7 services covered under chapter 256B;
- 17.8 ~~(16) day treatment services for mental illness provided under contract with the~~
- 17.9 ~~county board;~~
- 17.10 ~~(17)~~ (16) prescribed medications for persons who have been diagnosed as mentally
- 17.11 ill as necessary to prevent more restrictive institutionalization;
- 17.12 ~~(18) psychological services;~~ (17) medical supplies and equipment, and Medicare
- 17.13 premiums, coinsurance and deductible payments;
- 17.14 ~~(19)~~ (18) medical equipment not specifically listed in this paragraph when the use
- 17.15 of the equipment will prevent the need for costlier services that are reimbursable under
- 17.16 this subdivision;
- 17.17 ~~(20)~~ (19) services performed by a certified pediatric nurse practitioner, a
- 17.18 certified family nurse practitioner, a certified adult nurse practitioner, a certified
- 17.19 obstetric/gynecological nurse practitioner, a certified neonatal nurse practitioner, or a
- 17.20 certified geriatric nurse practitioner in independent practice, if (1) the service is otherwise
- 17.21 covered under this chapter as a physician service, (2) the service provided on an inpatient
- 17.22 basis is not included as part of the cost for inpatient services included in the operating
- 17.23 payment rate, and (3) the service is within the scope of practice of the nurse practitioner's
- 17.24 license as a registered nurse, as defined in section 148.171;
- 17.25 ~~(21)~~ (20) services of a certified public health nurse or a registered nurse practicing
- 17.26 in a public health nursing clinic that is a department of, or that operates under the direct
- 17.27 authority of, a unit of government, if the service is within the scope of practice of the
- 17.28 public health nurse's license as a registered nurse, as defined in section 148.171; and
- 17.29 ~~(22)~~ (21) telemedicine consultations, to the extent they are covered under section
- 17.30 256B.0625, subdivision 3b; ~~and.~~
- 17.31 ~~(23) mental health telemedicine and psychiatric consultation as covered under~~
- 17.32 ~~section 256B.0625, subdivisions 46 and 48.~~
- 17.33 (ii) Effective October 1, 2003, for a person who is eligible under subdivision 3,
- 17.34 paragraph (a), clause (2), item (ii), general assistance medical care coverage is limited
- 17.35 to inpatient hospital services, including physician services provided during the inpatient
- 17.36 hospital stay. A \$1,000 deductible is required for each inpatient hospitalization.

18.1 (b) Effective August 1, 2005, sex reassignment surgery is not covered under this  
18.2 subdivision.

18.3 (c) In order to contain costs, the commissioner of human services shall select  
18.4 vendors of medical care who can provide the most economical care consistent with high  
18.5 medical standards and shall where possible contract with organizations on a prepaid  
18.6 capitation basis to provide these services. The commissioner shall consider proposals by  
18.7 counties and vendors for prepaid health plans, competitive bidding programs, block grants,  
18.8 or other vendor payment mechanisms designed to provide services in an economical  
18.9 manner or to control utilization, with safeguards to ensure that necessary services are  
18.10 provided. Before implementing prepaid programs in counties with a county operated or  
18.11 affiliated public teaching hospital or a hospital or clinic operated by the University of  
18.12 Minnesota, the commissioner shall consider the risks the prepaid program creates for the  
18.13 hospital and allow the county or hospital the opportunity to participate in the program in a  
18.14 manner that reflects the risk of adverse selection and the nature of the patients served by  
18.15 the hospital, provided the terms of participation in the program are competitive with the  
18.16 terms of other participants considering the nature of the population served. Payment for  
18.17 services provided pursuant to this subdivision shall be as provided to medical assistance  
18.18 vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For  
18.19 payments made during fiscal year 1990 and later years, the commissioner shall consult  
18.20 with an independent actuary in establishing prepayment rates, but shall retain final control  
18.21 over the rate methodology.

18.22 (d) Recipients eligible under subdivision 3, paragraph (a), shall pay the following  
18.23 co-payments for services provided on or after October 1, 2003:

18.24 (1) \$25 for eyeglasses;

18.25 (2) \$25 for nonemergency visits to a hospital-based emergency room;

18.26 (3) \$3 per brand-name drug prescription and \$1 per generic drug prescription,  
18.27 subject to a \$12 per month maximum for prescription drug co-payments. No co-payments  
18.28 shall apply to antipsychotic drugs when used for the treatment of mental illness; and

18.29 (4) 50 percent coinsurance on restorative dental services.

18.30 (e) Co-payments shall be limited to one per day per provider for nonpreventive visits,  
18.31 eyeglasses, and nonemergency visits to a hospital-based emergency room. Recipients of  
18.32 general assistance medical care are responsible for all co-payments in this subdivision.  
18.33 The general assistance medical care reimbursement to the provider shall be reduced by  
18.34 the amount of the co-payment, except that reimbursement for prescription drugs shall not  
18.35 be reduced once a recipient has reached the \$12 per month maximum for prescription  
18.36 drug co-payments. The provider collects the co-payment from the recipient. Providers

19.1 may not deny services to recipients who are unable to pay the co-payment, except as  
19.2 provided in paragraph (f).

19.3 (f) If it is the routine business practice of a provider to refuse service to an individual  
19.4 with uncollected debt, the provider may include uncollected co-payments under this  
19.5 section. A provider must give advance notice to a recipient with uncollected debt before  
19.6 services can be denied.

19.7 (g) Any county may, from its own resources, provide medical payments for which  
19.8 state payments are not made.

19.9 (h) Chemical dependency services that are reimbursed under chapter 254B must not  
19.10 be reimbursed under general assistance medical care.

19.11 (i) The maximum payment for new vendors enrolled in the general assistance  
19.12 medical care program after the base year shall be determined from the average usual and  
19.13 customary charge of the same vendor type enrolled in the base year.

19.14 (j) The conditions of payment for services under this subdivision are the same as the  
19.15 conditions specified in rules adopted under chapter 256B governing the medical assistance  
19.16 program, unless otherwise provided by statute or rule.

19.17 (k) Inpatient and outpatient payments shall be reduced by five percent, effective July  
19.18 1, 2003. This reduction is in addition to the five percent reduction effective July 1, 2003,  
19.19 and incorporated by reference in paragraph (i).

19.20 (l) Payments for all other health services except inpatient, outpatient, and pharmacy  
19.21 services shall be reduced by five percent, effective July 1, 2003.

19.22 (m) Payments to managed care plans shall be reduced by five percent for services  
19.23 provided on or after October 1, 2003.

19.24 (n) A hospital receiving a reduced payment as a result of this section may apply the  
19.25 unpaid balance toward satisfaction of the hospital's bad debts.

19.26 (o) Fee-for-service payments for nonpreventive visits shall be reduced by \$3  
19.27 for services provided on or after January 1, 2006. For purposes of this subdivision, a  
19.28 visit means an episode of service which is required because of a recipient's symptoms,  
19.29 diagnosis, or established illness, and which is delivered in an ambulatory setting by  
19.30 a physician or physician ancillary, chiropractor, podiatrist, advance practice nurse,  
19.31 audiologist, optician, or optometrist.

19.32 (p) Payments to managed care plans shall not be increased as a result of the removal  
19.33 of the \$3 nonpreventive visit co-payment effective January 1, 2006.

19.34 (q) Payments for mental health services added as covered benefits after December  
19.35 31, 2007, are not subject to the reductions in paragraphs (i), (k), (l), and (m).

20.1 **EFFECTIVE DATE.** This section is effective January 1, 2008, except mental  
20.2 health case management under paragraph (a)(i)(15) is effective January 1, 2009.

20.3 Sec. 15. Minnesota Statutes 2006, section 256L.03, subdivision 1, is amended to read:

20.4 Subdivision 1. **Covered health services.** For individuals under section 256L.04,  
20.5 subdivision 7, with income no greater than 75 percent of the federal poverty guidelines  
20.6 or for families with children under section 256L.04, subdivision 1, all subdivisions of  
20.7 this section apply. "Covered health services" means the health services reimbursed  
20.8 under chapter 256B, with the exception of inpatient hospital services, special education  
20.9 services, private duty nursing services, adult dental care services other than services  
20.10 covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency  
20.11 medical transportation services, personal care assistant and case management services,  
20.12 nursing home or intermediate care facilities services, inpatient mental health services,  
20.13 and chemical dependency services. ~~Outpatient mental health services covered under the~~  
20.14 ~~MinnesotaCare program are limited to diagnostic assessments, psychological testing,~~  
20.15 ~~explanation of findings, mental health telemedicine, psychiatric consultation, medication~~  
20.16 ~~management by a physician, day treatment, partial hospitalization, and individual, family,~~  
20.17 ~~and group psychotherapy.~~

20.18 No public funds shall be used for coverage of abortion under MinnesotaCare  
20.19 except where the life of the female would be endangered or substantial and irreversible  
20.20 impairment of a major bodily function would result if the fetus were carried to term; or  
20.21 where the pregnancy is the result of rape or incest.

20.22 Covered health services shall be expanded as provided in this section.

20.23 **EFFECTIVE DATE.** This section is effective January 1, 2008, except coverage for  
20.24 mental health case management under subdivision 1 is effective January 1, 2009.

20.25 Sec. 16. Minnesota Statutes 2006, section 256L.035, is amended to read:

20.26 **256L.035 LIMITED BENEFITS COVERAGE FOR CERTAIN SINGLE**  
20.27 **ADULTS AND HOUSEHOLDS WITHOUT CHILDREN.**

20.28 (a) "Covered health services" for individuals under section 256L.04, subdivision  
20.29 7, with income above 75 percent, but not exceeding 175 percent, of the federal poverty  
20.30 guideline means:

20.31 (1) inpatient hospitalization benefits with a ten percent co-payment up to \$1,000 and  
20.32 subject to an annual limitation of \$10,000;

20.33 (2) physician services provided during an inpatient stay; and

21.1 (3) physician services not provided during an inpatient stay; outpatient hospital  
21.2 services; freestanding ambulatory surgical center services; chiropractic services; lab and  
21.3 diagnostic services; diabetic supplies and equipment; mental health services as covered  
21.4 under chapter 256B; and prescription drugs; subject to the following co-payments:

21.5 (i) \$50 co-pay per emergency room visit;

21.6 (ii) \$3 co-pay per prescription drug; and

21.7 (iii) \$5 co-pay per nonpreventive visit.

21.8 The services covered under this section may be provided by a physician, physician  
21.9 ancillary, chiropractor, psychologist, ~~or~~ licensed independent clinical social worker, or  
21.10 other mental health providers covered under chapter 256B if the services are within the  
21.11 scope of practice of that health care professional.

21.12 For purposes of this section, "a visit" means an episode of service which is required  
21.13 because of a recipient's symptoms, diagnosis, or established illness, and which is delivered  
21.14 in an ambulatory setting by any health care provider identified in this paragraph.

21.15 Enrollees are responsible for all co-payments in this section.

21.16 (b) Reimbursement to the providers shall be reduced by the amount of the  
21.17 co-payment, except that reimbursement for prescription drugs shall not be reduced once a  
21.18 recipient has reached the \$20 per month maximum for prescription drug co-payments.  
21.19 The provider collects the co-payment from the recipient. Providers may not deny services  
21.20 to recipients who are unable to pay the co-payment, except as provided in paragraph (c).

21.21 (c) If it is the routine business practice of a provider to refuse service to an individual  
21.22 with uncollected debt, the provider may include uncollected co-payments under this  
21.23 section. A provider must give advance notice to a recipient with uncollected debt before  
21.24 services can be denied.

21.25 **EFFECTIVE DATE.** This section is effective January 1, 2008, except coverage  
21.26 for mental health case management under paragraph (a), clause (3), is effective January  
21.27 1, 2009.

21.28 Sec. 17. Minnesota Statutes 2006, section 256L.12, subdivision 9a, is amended to read:

21.29 Subd. 9a. **Rate setting; ratable reduction.** For services rendered on or after  
21.30 October 1, 2003, the total payment made to managed care plans under the MinnesotaCare  
21.31 program is reduced 1.0 percent. This provision excludes payments for mental health  
21.32 services added as covered benefits after December 31, 2007.

21.33 Sec. 18. Minnesota Statutes 2006, section 609.115, subdivision 9, is amended to read:

22.1 Subd. 9. **Compulsive gambling assessment required.** (a) If a person is convicted  
 22.2 of theft under section 609.52, embezzlement of public funds under section 609.54, or  
 22.3 forgery under section 609.625, 609.63, or 609.631, the probation officer shall determine in  
 22.4 the report prepared under subdivision 1 whether or not compulsive gambling contributed  
 22.5 to the commission of the offense. If so, the report shall contain the results of a compulsive  
 22.6 gambling assessment conducted in accordance with this subdivision. The probation officer  
 22.7 shall make an appointment for the offender to undergo the assessment if so indicated.

22.8 (b) The compulsive gambling assessment report must include a recommended level  
 22.9 of treatment for the offender if the assessor concludes that the offender is in need of  
 22.10 compulsive gambling treatment. The assessment must be conducted by an assessor  
 22.11 qualified either under section 245.98, subdivision 2a Minnesota Rules, part 9585.0040,  
 22.12 subpart 1, item C, or qualifications determined to be equivalent by the commissioner, to  
 22.13 perform these assessments or to provide compulsive gambling treatment. An assessor  
 22.14 providing a compulsive gambling assessment may not have any direct or shared financial  
 22.15 interest or referral relationship resulting in shared financial gain with a treatment provider.  
 22.16 If an independent assessor is not available, the probation officer may use the services of an  
 22.17 assessor with a financial interest or referral relationship as authorized under rules adopted  
 22.18 by the commissioner of human services under section 245.98, subdivision 2a.

22.19 (c) The commissioner of human services shall reimburse the assessor for ~~the costs~~  
 22.20 ~~associated with a each~~ compulsive gambling assessment at a rate established by the  
 22.21 commissioner ~~up to a maximum of \$100 for each assessment.~~ The commissioner shall  
 22.22 reimburse ~~these costs~~ the assessor after receiving written verification from the probation  
 22.23 officer that the assessment was performed and found acceptable.

22.24 Sec. 19. Laws 2005, chapter 98, article 3, section 25, is amended to read:

22.25 Sec. 25. **REPEALER.**

22.26 Minnesota Statutes 2004, sections 245.713, ~~subdivisions 2 and~~ subdivision 4;  
 22.27 245.716; and 626.5551, subdivision 4, are repealed.

22.28 **EFFECTIVE DATE.** This section is effective retroactively from August 1, 2005.

22.29 Sec. 20. **REVISOR'S INSTRUCTION.**

22.30 (a) In the next edition of Minnesota Statutes, the revisor of statutes shall change the  
 22.31 references to sections "245.487 to 245.4887" wherever it appears in statutes or rules to  
 22.32 sections "245.487 to 245.4889."

22.33 (b) The revisor of statutes shall correct all internal references that are necessary  
 22.34 from the relettering in section 7.

23.1 Sec. 21. **REPEALER.**

23.2 Minnesota Rules, part 9585.0030, is repealed.