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S.F. No. 3451 – Mental health services provisions modification, as proposed to be amended by the A-2 amendment

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Bill Overview

S.F. 3451 modifies various mental health services provisions, including the Mental Health Uniform Service Standards Act and children’s therapeutic services and supports. The bill also moves provisions from Minnesota Rules into statute that relate to children’s residential facilities and the use and administration of psychotropic medications.

Section Summaries

Section 1 (adds 245A.02, subdivision 4b) defines “child with severe emotional disturbance” in the human services licensing chapter.

Section 2 (adds 245A.02, subdivision 4c) defines “clinical supervision” in the human services licensing chapter.

Section 3 (adds 245A.02, subdivision 4d) defines “clinical supervisor” in the human services licensing chapter.

Section 4 (adds 245A.02, subdivision 7c) defines “individual treatment plan” in the human services licensing chapter.

Section 5 (adds 245A.02, subdivision 9a) defines “mental health professional” in the human services licensing chapter.

Section 6 (adds 245A.80) provides that sections 245A.80 to 245A.82 establish standards of certification for residential treatment programs that serve children with severe emotional disturbance.

Section 7 (adds 245A.81) moves Minnesota Rules, part 2960.0630 to statute and makes modifications.

Subdivision 1 requires a license holder to ensure that the children’s residential mental health treatment program employs or contracts with a mental health professional and ensure that the mental health professional can be reached for consultation about a mental health emergency within 30 minutes.

Subdivision 2 provides the requirements for a mental health professional when providing clinical staff supervision for a children’s residential mental health treatment program.

Subdivision 3 provides the requirements for a mental health professional when providing treatment supervision.

Section 8 (adds 245A.82) moves Minnesota Rules, part 2960.0620 to statute and makes modifications.

Subdivision 1 defines “medical professional,” “prescribing practitioner,” and “psychotropic medication” for the purposes of this section.

Subdivision 2 provides the requirements for a license holder when psychotropic medications are administered to a resident in a residential treatment program that serves children with severe emotional disturbance.

Subdivision 3 requires a license holder to have the prescribing practitioner list possible side effects when a resident is prescribed psychotropic medication, requires the license holder to monitor the resident for side effects and document any in the resident’s individual treatment plan at least weekly for the first four weeks, and requires the license holder to provide any assessments to the directing medical professional for review.

Subdivision 4 requires a medical professional to provide weekly consultation and review of a license holder’s administration of psychotropic medications.

Subdivision 5 requires a license holder to conduct and document a psychotropic medication review if a resident is prescribed a psychotropic medication.

Subdivision 6 requires a license holder to obtain informed consent before any nonemergency administration of psychotropic medication prescribed by the program’s licensed medical professional and requires that consent must be orally or in writing. Provides the documentation requirements for the license holder if consent is given orally. Lists the individuals who are authorized to give consent and provides that informed consent is not required in an emergency situation. Requires the license holder to provide certain information to a resident’s parent, legal representative, and, to the extent possible, the resident.

Subdivision 7 prohibits the administration of psychotropic medication if a person authorized to consent under subdivision 6 refuses consent for routine administration of the medication. Requires the discontinuation of the use of psychotropic medication if a person authorized to consent refuses to renew consent. Requires a court order to override the refusal to consent.

Prohibits a license holder from discharging a resident because of a refusal to consent to the use of a specific psychotropic medication.

Section 9 (amends 245I.02, subdivision 17) modifies the definition of “functional assessment” in the Mental Health Uniform Service Standards Act by removing the requirement to use certain level of care assessment instruments.

Section 10 (amends 245I.02, subdivision 19) modifies the definition of “level of care assessment” in the Mental Health Uniform Service Standards Act by removing the requirement to use certain level of care assessment instruments.

Section 11 (amends 245I.10, subdivision 9) removes the requirement that a license holder include a narrative summary when completing a functional assessment for an adult client and modifies the timeline for updating a client’s functional assessment from every 180 days to every 365 days. Allows a license holder to use any available, validated measurement tool when completing the required elements of a functional assessment.

Section 12 (amends 245I.11, subdivision 1) exempts a license holder providing children’s day treatment services from medication storage and administration requirements when serving a child who habitually self-administers medication under the oversight of the child’s prescriber.

Section 13 (amends 245I.20, subdivision 4) removes the requirement that each of the two mental health professionals employed at a mental health clinic must specialize in different mental health disciplines.

Section 14 (amends 245I.23, subdivision 14) modifies weekly team meeting requirements by removing the ancillary meeting requirement for treatment team members that cannot participate in a weekly team meeting. Requires the development of a plan for communicating reviews of individual treatment plans and individual abuse prevention plans for a team member who is not present at the meeting but is scheduled to work that calendar week.

Section 15 (adds 256B.0617) requires the commissioner of human services to establish an initial provider entity application and certification process and recertification process to determine whether a provider entity has administrative and clinical structures that meet the requirements to be certified and lists the mental health services this applies to. Requires the commissioner to recertify a provider entity every three years and to establish a process for decertification. Requires the commissioner to provide certain information to providers and requires the commissioner to implement all requirements of this section by September 1, 2024.

Section 16 (amends 256B.0943, subdivision 1) adds the definition of “transition to community living services” in statutory section governing children’s therapeutic services and supports.

Section 17 (amends 256B.0943, subdivision 2) adds transition to community living services to the list of covered services for children’s therapeutic services and supports.

Section 18 (amends 256B.0943, subdivision 3) allows a children’s therapeutic services and supports license holder to provide a client with a combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions. Prohibits a license holder from providing more than ten sessions within a 12-month period without prior authorization.

Section 19 (amends 256B.0943, subdivision 12) removes treatment by multiple providers within the same agency at the same clock time from the list of services that are not eligible for a medical assistance payment as children's therapeutic services and supports.

Section 20 (amends 256B.0947, subdivision 5) modifies the composition of the clinically qualified core team for intensive nonresidential rehabilitative mental health services.

Section 21 (Repealer) repeals Minnesota Rules, parts 2960.0620 (use of psychotropic medications) and 2960.0630 (clinical supervision by mental health professional).