SENATE COUNSEL RESEARCH & FISCAL ANALYSIS

BILL SUMMARY

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S.F. No. 4460 – Civil commitment priority admission requirements modification (as amended by the A-4 delete everything amendment)

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S.F. 4460 contains legislative proposals that address the nine recommendations from the Task Force on Priority Admissions to State-Operated Treatment Programs contained in its March 12, 2024, Report and Recommendations to the Minnesota Legislature. Some of the legislative proposals in S.F. 4460 are the same or similar to legislative proposals travelling in other bills, such as S.F. 5335 and S.F. 5084.

Article 1 – Increase Direct Care and Treatment Capacity and Utilization.

Section 1 is a blank appropriation to increase capacity within the Forensic Mental Health Program (FKA Minnesota Security Hospital) by 10 to 20 percent and within both Anoka Regional Treatment Center and community behavioral health hospitals by 20 percent.

Article 2 – Establish a Joint Incident Collaboration

Section 1 is a direction to the commissioner of human services to implement a joint incident collaboration model with counties and community mental health treatment providers to actively arrange discharges of direct care and treatment patients to appropriate community treatment settings when the patients are medically stable for discharge.

Article 3 – Approve Exceptions to the Current Priority Admissions

Section 1 provides for a limited number of exceptions to the current prioritization for admission to direct care and treatment programs of patients in jails or correctional institutions by permitting the commissioner of human services to admit for a medically appropriate state-operated treatment program up to ten civilly committed patients who are awaiting admission in hospital settings and provides a prioritization framework for these ten admissions.

Article 4 – Create and Implement New Priority Admissions Criteria

Section 1 amends **246.018, subdivision 3**, by requiring the executive medical director of direct care and treatment to determine the availability of medically appropriate direct care and treatment programs and administer the prioritization framework for admissions to such programs.

Section 2 amends **253B.10, subd. 1**, by sunsetting on June 30, 2025, the current law priority admissions framework and the "48-rule as modified in the 2023 legislation." The new language at the end of paragraph (b) and the deletion of paragraph (e) are a reorganization of the current statutory language, and in this sense are technical.

Section 3 adds **253B.10, subd. 1a**, which creates a new prioritization framework for admissions to direct care and treatment programs effective July 1, 2025. Under the new prioritization framework, priority is no longer given to patients in jails or correctional institutions, but rather prioritizes admissions of civilly committed individuals based on the factors specified in this section. Paragraph (c) specifies that a quality committee to be established by the Direct Care and Treatment executive board must monitor the implementation of the new prioritization framework after the initial year of implementation.

Section 4 establishes a temporary review panel to monitor the initial year of implementation of the new priority admissions framework.

Article 5 – Increase Access to Services in the Community.

Section 1 amends **254B.05, subdivision 5**, by increasing residential substance use disorder treatment services funded out of the behavioral health fund by an unspecified percentage and includes annual inflation adjustments.

Section 2 amends **256.969, subdivision 2b**, by increasing hospital medical assistance payment rates for certain inpatient behavioral health services.

Section 3 amends **256B.0622, subd. 2a**, by providing an additional option on the list of high-intensity services that are needed for a person to be eligible for assertive community treatment.

Section 4 amends **256B.0622, subd. 3a**, by removing the requirement that an assertive community treatment provider must have a contract with a host county to provide services.

Section 5 amends **256B.0622, subd. 7a**, by modifying the required assertive community treatment staff qualifications and role of a team leader.

Section 6 amends **256B.0622, subd. 7b**, by requiring each assertive community treatment team to demonstrate a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment and removes language related to team caseload limits, staff-to-client ratios, schedules, and other requirements.

Section 7 amends **256B.0622, subd. 7d**, by aligning the timing of updates to an assertive community treatment client's diagnostic assessment with the requirements of the Mental Health Uniform Service Standards Act.

Section 8 amends **256B.0757, subd. 5**, by making conforming changes.

Section 9 adds **256B.0757, subd. 5a**, which establishes a single statewide reimbursement rate for behavioral health home services.

Section 10 amends **256B.0911, subd. 13**, by eliminating the requirement that certified assessors who are registered nurses must have at least two years of HCBS experience.

Section 11 amends **256B.0911, subd. 20**, by extending from 60 days to 365 days the validity of a completed MnCHOICES assessment.

Section 12 amends **256B.0911, subd. 33**, by eliminating the county share for MnCHOICE assessments.

Section 13 amends **256B.76, subd. 1**, by making conforming changes and repealing obsolete language.

Section 14 amends **256B.76, subd. 6**, by adopting the Medicare reimbursement methodology for certain physician and professional services provided under medical assistance (MA) and requires the MA rates to be updated when the Medicare rates are updated.

Section 15 amends **256B.761**, by adopting the Medicare reimbursement methodology for certain mental health services provided under medical assistance.

Section 16 is an **appropriation** for increases for certain inpatient behavioral health services provided in hospitals under medical assistance.

Section 17 is a **revisor instruction** requiring the revisor of statutes to prepare legislation to recodify the statutes governing assertive community treatment and intensive residential treatment services into separate sections of statute and to correct any cross-references.

Section 18 is a **repealer** that repeals a reimbursement differential for certain mental health services provided under medical assistance based on the degree of the provider.

Article 6 – Administer Medications in Jails

Section 1 is an **appropriation** of an unspecified amount to establish a pilot program and provide funds to support county correctional facilities deliver injectable mental health treatment medications and cover related health care costs.

Section 2 is an **appropriation** of an unspecified amount to establish a pilot program to provide education, training, technical assistance, and research related to the provision of mental health medications in county correctional facilities.

Article 7 – Relieve Counties of Certain Cost-Sharing

Section 1 amends **245.4662, subdivision 1**, by modifying the definition of community partnership for the purposes of the Mental Health Innovation Grant Program such that all community partnerships must involve a county.

> **Subd. 2** is amended to expand the permitted uses of grant funds to include reducing the number of individuals who remain in direct care and treatment programs.
>
> **Subd. 3** removes the requirement that a grant application include a letter of support from the local mental health authority.

Section 2 amends **246.18, subd. 4a**, by removing the $1 million limit of certain county cost sharing revenue being deposited in the mental health innovation account for the purposes of the Mental Health Innovation Grant Program.

Section 3 amends **246.54, subd. 1a**, by eliminating the county share for services provided at Anoka-Metro Regional Treatment Center to a client when the facility determines that it is clinically appropriate for the client to be discharged, but the client is civilly committed and either awaiting transfer to a Minnesota Department of Corrections facility or awaiting transfer under the specified conditions to a state-operated facility or program.

Section 4 amends **246.54, subd. 1b,** by eliminating the county share for services provided at state-operated community-based behavioral health hospitals to a client when the facility determines that it is clinically appropriate for the client to be discharged, but the client is civilly committed and either awaiting transfer to a Minnesota Department of Corrections facility or awaiting transfer under the specified conditions to a state-operated facility or program.

Article 8 – Apply for a Reentry 1115 Demonstration Project

Article 8 directs the commissioner of human services to apply for a demonstration project to provide a limited set of health care benefits and coordination services to individuals during the 90

days prior to their release from state, local, and tribal correctional facilities, and establishes capacity-building grants to aid local correctional facilities in participating in the demonstration project.

Article 9 – Increase Forensic Examiner Accessibility

Section 1 is an appropriation to the courts to increase funding for psychological and psychiatric forensic examiner services program.