



## **S.F. No. 1953 – Modifying mental health provisions (as proposed to be amended by the A-1 amendment)**

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### Bill Overview

**S.F. No. 1953** modifies the definition of mental illness within the Adult Mental Health Act and nonemergency medical transportation reimbursement. Establishes the early episode of bipolar disorder grant program and provides requirements for case management and community support services for persons with complex post-traumatic stress disorder.

### Section Summaries

**Section 1 (amends Minn. Stat. § 245.462, subdivision 20; Mental illness)** modifies the definition of “person with serious and persistent mental illness” within the Adult Mental Health Act and adds a definition within “mental illness” for a “person with a complex post-traumatic stress disorder.”

**Section 2 (amends Minn. Stat. § 245.467, subdivision 4; Referral for case management)** requires certain mental health providers to inform clients with a complex post-traumatic stress disorder of the availability and potential benefits of case management.

**Section 3 (amends Minn. Stat. § 245.4711, subdivision 1; Availability of case management services)** requires county boards to provide case management services to adults with a complex post-traumatic stress disorder and requires services provided to adults eligible for medical assistance to be billed to the medical assistance program.

**Section 4 (amends Minn. Stat. § 245.4711, subdivision 4; Individual community support plan)** requires adults with a complex post-traumatic stress disorder to be involved in all phases of development and implementation of an individual community support plan.

**Section 5 (amends Minn. Stat. § 245.4712, subdivision 1; Availability of community support services)** requires county boards to provide or contract for sufficient community support services to meet the needs of adults with complex post-traumatic stress disorder.

**Section 6 (amends Minn. Stat. § 245.4712, subdivision 3; Benefits assistance)** requires county boards to offer to help adults with a complex post-traumatic stress disorder in applying for state and federal benefits.

**Section 7 (amends Minn. Stat. § 245.4889, subdivision 1; Establishment and authority)** adds early episode of bipolar disorder into eligible children’s mental health grants.

**Section 8 (adds Minn. Stat. § 245.4904; Early episode of bipolar disorder grant program)** establishes the early episode of bipolar disorder grant program.

**Subdivision 1** requires the commissioner of human services to establish an early episode of bipolar disorder grant program within the Department of Human Services to fund evidence-based interventions for youth and young adults at risk of developing or experiencing an early episode of bipolar disorder.

**Subdivision 2** defines “youth and young adults.”

**Subdivision 3** provides the requirements for grantees.

**Subdivision 4** requires the commissioner of human services to annually evaluate the grant program and requires that the evaluation must utilize evidence-based practices and must include certain outcome evaluation criteria. Requires the commissioner to provide an annual report.

**Subdivision 5** provides that early episode of bipolar disorder services are eligible for children’s mental health grants.

**Subdivision 6** requires the commissioner of human services to comply with all conditions and requirements necessary to receive federal aid or grants.

**Section 9 (amends Minn. Stat. § 245I.05, subdivision 3; Initial training)** requires that training on psychotropic medications and medication side effects must include tardive dyskinesia for mental health rehabilitation workers, mental health behavioral aides, or mental health practitioners.

**Section 10 (amends Minn. Stat. § 245I.05, subdivision 5; Additional training for medication administration)** requires that training on psychotropic medications and side effects must include tardive dyskinesia for a staff person working for a mental health provider who is not a licensed prescriber, registered nurse, or licensed practical nurse.

**Section 11 (amends Minn. Stat. § 245I.11, subdivision 5; Medication administration in residential programs)** requires a license holder to monitor the effectiveness of medications, side effects, and adverse reactions, including symptoms and signs of tardive dyskinesia, for each client.

**Section 12 (amends Minn. Stat. § 256B.0625, subdivision 3b; Telehealth services)** allows audio-only telehealth services to be covered by medical assistance between January 1, 2026, and January 1, 2029.

**Section 13 (amends Minn. Stat. § 256B.0625, subdivision 17; Transportation costs)** modifies the medical assistance nonemergency transportation reimbursement rates for protected transport by

stating the base rate for the first 100 miles is \$75 and providing an additional \$75 for trips over 100 miles.

**Section 14 (amends Minn. Stat, § 256B.0625, subdivision 20; Mental health case management)** provides that medical assistance covers case management services for persons with a complex post-traumatic stress disorder.

**Section 15 (Appropriation; Early episode of bipolar disorder grant program)** contains blank appropriations in fiscal years 2026 and 2027 from the general fund to the commissioner of human services for the early episode of bipolar disorder grant program.

**Section 16 (Appropriation; Children's first episode of psychosis)** contains blank appropriations in fiscal years 2026 and 2027 from the general fund to the commissioner of human services for the first episode of psychosis grant program. Requires the commissioner of human services to fund current programs and allows funds to be used to fund current programs, increase a program's capacity, and expand programs.



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