



An association of resources and advocacy for children, youth and families  
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## 2022 Legislative Summary July 2022

The 2022 session yielded few results despite unprecedented surplus resources combined with unprecedented needs facing Minnesota communities. AspireMN is grateful that despite this challenging legislative environment, some positive investments and policy changes for children and family services were achieved – due to significant bipartisan cooperation on legislative agreements outlined in this summary.

The following is a high-level overview of legislation that was passed into law during the 2022 legislative session and impacts the mission and operations of AspireMN members.

### Human Services Policy Bill

- **CTSS policy change** includes:
  - Individual Behavioral Plan and Behavioral Health Aide language removed/simplified
  - Inclusion of eligibility for children with developmental needs
  - Certification/recertification standards set for every 3 years and required communications with commissioner oversight
  - Administrative simplification – including MH professional not required to be onsite, day treatment team and scheduling requirements removed
  - Documentation per provider per day for each service provided (effective 1/1/23 or at federal approval, whichever is later)
- **Extension of COVID background studies to Dec 31, 2022**
- **Annual report on reimbursement rates by managed care** to include physician prenatal, preventive, dental, inpatient hospital, outpatient hospital, mental health and substance use disorder services.
- **Flexibility for children’s residential treatment** – a DA must be completed within 10 days of admission unless one has been completed by MH professional within the past 180 days and the provider does not believe a new one is required. Other health screenings will need to be conducted within 2960 established timelines.
- **Allows 22 new Inpatient Psychiatric Beds** for Children’s Hospital in St Paul
- **PRTF overnight staffing ratios shifts** from an allowed 1:4 to 1:6 depending on the needs of children in care.

**AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.**

- **Expanded Mental Health Practitioner** to allow students in process of completing a practicum or internship in the undergraduate or graduate programs of social work, psychology or counseling to be a mental health practitioner.
- **Case Managers expanded category to include Mental Health Practitioners** and for case managers who are not mental health practitioners and do not have a bachelor's degree in one of the behavioral science or related fields, establishes criteria for serving as Case Manager with required hours of experience, training and supervision.
- **Parental Fees should be in best interest of child** for counties to charge parents when children are involved in foster care for juvenile justice purposes. County social service agencies will determine if it is in the best interest of the child prior to requiring parental fees.
- **Respite Care Expansion** for children accessing mental health care and at risk of needing a higher level of care, to include respite at a licensed foster home, approved family or friend, or be provided in the family's home. Respite funding can cover recreational programming, family activities that provide a break, cultural programs, and costs associated with accessing respite care for the child and family.
- **Waiver change** allows people in hospital or residential settings to maintain their waivers for up to 121 days.
- **Dialectical Behavior Therapy expanded under Medical Assistance to include people under 18.**
- **Ombudsperson for Managed Care**, office is to help Medicaid enrollees with questions about benefits, billing, access, grievances and appeals. The office will analyze data on prepaid health plans on grievances, appeals and state hearings.
- **Phone-only care reimbursement** will be equivalent to regular reimbursement rates through the end of the federal public health emergency or 7/1/23, whatever is sooner, for FQHCs, rural health clinics, Indian Health Services, tribal clinics and CCBHCs.
- **Health Licensing Board Changes** – Marriage and Family Therapy and Social Work Boards changed to all supervision hours to be conducted over video-based virtual platforms. Maltreatment checks for Health Licensing Board-licensed individuals will be conducted by DHS, and DHS will report findings of substantiated maltreatment to the appropriate licensing board, the board will be responsible for any following corrective action.
- **SUD programs** can include guest speakers as billable group resource (245G licensed)
- **SUD Subcabinet** will identify systemic barriers to successful treatment, gaps in services and solutions to address systemic issues and increase awareness. It must contract with an entity to review the structure of DHS with a perspective of SUD and mental health and report to the legislature. Subcabinet will include participation from across state government while prioritizing tribal engagement.

- **Reestablished the Legislative Task Force on Child Protection**, allowing for meetings to begin in 2022, Chairs Rep Pinto and Sen Johnson have been named by leadership.
- **Foster Care Kinship policy** expanded the definition of relative, created additional requirements and greater court oversight for relative search efforts – including expectation for the continuation of relative searches and allowing relatives ruled out for foster care reconsideration for adoption, required out-of-home placement plans to be individualized to meet child and family needs and include supportive relationships from the child’s extended family and community,
- **Termination of Parental Rights to accelerate permanency** through adoption or guardianship to the commissioner through a parent’s consent to adopt, was deleted. The new permanency preference is permanency placement with a relative.

### **Mental Health Mini-Omnibus Funding Bill**

The agreement is bipartisan and spends some funds in 2023 (\$16M) with significant spending in the tails of 2024-25 (\$77M)

- **DHS required grant reporting** to the legislative chairs and ranking minority members on changes to grant programs including the nature of grant program changes, impact of changes, funding changes and other relevant information.
- **Mental Health Supervision Grants** (\$2.5M FY23) mental health providers with at least 25% of clients on MA or MNCare and a sliding fee and who primarily serve underrepresented communities can access a grant program to support clinical trainee and intern supervision grants for up to \$7500 per recipient, establish a program to provide supervision to multiple interns or trainees or pay for licensing application and examination fees for clinical trainees.
- **Mental Health Professional Loan Forgiveness** increase of \$1.6M
- **Children’s Crisis Stabilization** (\$203,000 in FY23 with \$53,000 for services and \$150,000 for admin/system costs, \$495,000 in FY24, \$559,000 in FY25 with \$128,000 for admin/system costs in each year) – establishes this level of care for children under age 21 with a stay for up to 30 days in a licensed children’s residential facility providing mental health or shelter care. Referral can be made by a mental health professional, doctor or member of a mobile crisis team. Service is based on the child’s immediate needs and the crisis treatment plan developed within 24 hours. Language establishes a funding path for room and board through the Behavioral Health Fund (former CCDTF), with acknowledgement that this requires work moving forward. Effective 1/1/23 or upon federal approval whichever is later.
- **First Episode of Psychosis Grants** (\$6,000 in FY23, increases base funding to \$480,000 for FY24 and FY25) for 15-40 years of age experiencing a first psychotic episode
- **ITFC becomes Children’s Intensive Behavioral Health Services** (\$101,000 in FY23 for admin, \$474,000 in FY24, \$3.2M in FY25 with \$228,000/year for admin)

to expand the service to children and families who meets the established level of need. Effective 7/1/23 or upon federal approval.

- **Requires the published MA FFS rate is floor for payment** (\$28,000 in FY23, \$32,000 for FY24 and \$32,000 for FY25 to administer) for managed care and county-based purchasing plans to mental health providers – including psychiatrists, APRNs, community mental health centers, mental health clinics, hospital outpatient psychiatric departments, CTSS skills, psychotherapy, medication management, evaluation and assessment, DAs, explanation of findings, psychological testing, neuropsychological services, direction of behavioral aides, inpatient consultation, medication education by ARMHS, and mental health behavioral aide services.
- **School-Linked Mental Health** (\$2M in FY23)
- **Shelter-Linked Mental Health** (\$2M in FY23)
- **Competency Restoration** see [NAMI-MN 2022 Session Update](#) to learn more about this important issue
- **Hospital bed moratorium exception** to increase MH bed capacity granted to allow a 144 bed psychiatric hospital in St Paul as proposed by Fairview for the former Bethesda Hospital.
- **African American Community Mental Health Center** (\$1M in FY23) supporting a center to offer culturally specific, comprehensive, trauma-informed, practice and evidence-based person and family-centered mental health and SUD services, and serve all ages while also providing supervision and training.
- **Adult and Children's Mobile Transition Unit** (\$800K FY23, \$1M FY24, \$1M FY25 – of appropriated funds, \$250K/year will support grants to providers) to support people needing to be discharged from hospitals, CABHH or PRTF, updated to include adults
- **Mental Health Urgency Rooms** (\$1.215M, FY23) funds a pilot to address children's emergency mental health with a stay of up to 14 days and assessment conducted. Ramsey County has first opportunity to respond, by Jan 1, 2023.
- **Online Music Instruction** (\$300K, FY23)
- **MH Grants for Health Care Professionals** (\$1M, FY23) – Grants will be made by MN Dept of Health to health care entities to address mental health care of health care professionals, and address barriers in seeking care, encourage seeking help for mental illness or substance use disorder, identify risk factors for suicide and develop resources for self-care and resiliency. Priority is placed on peer to peer support.
- **Licensing of foreign medical professionals** gained additional allowances for transition to work in a licensed health care role
- **Adult Mental Health Initiative** (increase of \$10,223,000 in FY25 to the base and additional \$10,140,000 in FY26 to the base, with \$535,000 for admin and evaluation)
- **Mobile crisis services** for adults (increase of \$4M in FY24 and \$5.6M in FY25)

**Ombudsperson Office for Children and Youth in Foster Care** (\$775,000 in FY23 and \$726,000 in out hears) will oversee the foster care system from the perspective of youth, with a complaint and investigation process, presence at court hearings or related meetings and making recommendations to the governor and legislature for system improvements. Board participation to include current and former youth in foster care, an attorney, guardian ad litem, social worker, and professionals who work at nonprofits serving youth in foster care.

**Opioid settlement** of \$300M will have 75% distributed to counties and cities, 25% to the state of MN for use in education, treatment, prevention, and recovery services.

**Guardianship for At-Risk Youth** created for ages 18-21 to meet the youth's basic needs, youth in this category is defined as unmarried and may be undocumented, court will determine if guardianship is in the best interest of the youth. Youth must notify parents 14 days prior to the hearing and may terminate guardianship at any time prior to the automatic termination at age 21.



**Legislative Agenda**  
**2022 Focus: Sustaining Critical Children & Family Services**

**CHILDREN'S MENTAL HEALTH**

**Foundational for the Future of Children's Mental Health**

- **Urgent Investment in Workforce:** Emergency funding to respond to the unprecedented workforce shortage and prevent further collapse of children's mental health care – HF3215/SF3884
- **Access to Residential Treatment:** Emergency response to sustain services and create the administrative flexibilities required to prioritize needed care – HF3274/SF3120
- **Family-Centered Community Based Models:** Create statewide access and sustainable Medicaid funding for key family-centered practices of: Intensive Treatment for Families in Community (ITFC), Collaborative Intensive Bridging Services (CIBS), Hi-Fidelity Wrap-Around and Therapeutic Services Model – HF3404/SF3362

- **Children's Crisis Stabilization:** Establish a crisis stabilization service to serve children and families experiencing mental health crisis to stabilize and transition – HF4021/SF3651
- **Shelter-Linked Mental Health Grants:** Integrated mental health care for Safe Harbor and Homeless Youth services to support youth towards their positive futures – HF3613/SF3249
- **Build Flexible Children's Mental Health Services & CTSS Technical Corrections:** HF3738/SF3690
- **Extended School Year for Residential and Day Treatment Students:** HF725/SF782
- **Future Mental Health Workforce – licensing, supervision and education support:** HF3418/SF3406

**QUALITY PARENTING INITIATIVE-MINNESOTA**

- **Foster Care and Kinship Support:** Support recruitment of caregivers from Black, Indigenous and other under-represented communities to become foster caregivers, and provide respite care for kinship caregivers – HF4217/SF4009
- **QPI-MN Technical Assistance and Training Support:** Implementing strategies to support strong relationships between kin/foster families and biological families to support reunification while nurturing children and youth being cared for outside of their homes – HF3815/SF3720