



- Subject Mental health statutes and grants
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# **Overview**

This bill, as amended by the H2143A2 amendment, modifies provisions in the Adult Mental Health Act and related medical assistance statutes. It modifies the criteria for a person with a serious and persistent mental illness, and adds a diagnosis of post-traumatic stress disorder as one of the criteria. It also defines "person with a complex post-traumatic stress disorder" (C-PTSD) and adds C-PTSD to various provisions related to mental health case management and community support services.

The bill also adds tardive dyskinesia (neurological disorder that involves involuntary movements) to numerous provisions addressing psychotropic medication side effects, modifies nonemergency medical transportation reimbursement rates for protected transport, establishes the early episode of bipolar disorder grant program, allows for audio-only telehealth under medical assistance for an additional three years, and appropriates money for the early episode of bipolar disorder and first episode of psychosis grant programs.

# Summary

#### Section Description

# 1 Mental illness.

Amends § 245.462, subd. 20. Modifies the definition of "mental illness" in the Adult Mental Health Act by reducing the criteria for a person with serious and persistent mental illness from two or more episodes of inpatient care within the preceding 24 months to one episode of inpatient, residential, or crisis residential care in the preceding 12 months. Also adds criteria to include a diagnosis of post-traumatic stress disorder, expands commitment lookback to five years, and makes clarifying changes.

#### Section Description

Adds definition of "person with a complex post-traumatic stress disorder" or "C-PTSD" and criteria for purposes of case management and community support services.

Allows a person to continue to receive case management or community support services if needed, in the written opinion of a mental health professional.

Makes C-PTSD changes effective upon federal approval.

#### 2 Referral for case management.

Amends § 245.467, subd. 4. Adds C-PTSD to referral for case management services.

Makes this section effective upon federal approval.

### 3 Availability of case management services.

Amends § 245.4711, subd. 1. Adds C-PTSD to case management services provisions.

Makes this section effective upon federal approval.

### 4 Individual community support plan.

Amends § 245.4711, subd. 4. Adds C-PTSD to individual community support plan development and implementation requirements.

Makes this section effective upon federal approval.

# 5 Availability of community support services.

Amends § 245.4712, subd. 1. Adds C-PTSD to community support services provisions.

Makes this section effective upon federal approval.

#### 6 Benefits assistance.

Amends § 245.4712, subd. 3. Adds C-PTSD to provision requiring the county board to offer assistance with applying for state and federal benefits as part of the community support program.

Makes this section effective upon federal approval.

# 7 Establishment and authority.

Amends § 245.4889, subd. 1. Adds clause (19) to paragraph (b), to add evidencebased interventions for youth and young adults at risk of developing or experiencing an early episode of bipolar disorder to list of services eligible for children's mental health grants.

#### Section Description

# 8 Early episode of bipolar disorder grant program.

Proposes coding for § 245.4904. Requires the commissioner of human services to establish an early episode of bipolar disorder grant program to provide evidencebased interventions for youth and young adults at risk of developing or experiencing an early episode of bipolar disorder. Defines "youth and young adults" and lists eligible grant activities. Requires an annual evaluation of the grant program, specifies outcome evaluation criteria, and requires an annual report to the legislature. Specifies that the grants are eligible for children's mental health grants and requires the commissioner to comply with all federal aid or grant requirements.

# 9 Initial training.

Amends § 2451.05, subd. 3. Adds tardive dyskinesia to psychotropic medication and side effects training for a mental health rehabilitation worker, mental health behavioral aide, or mental health practitioner.

# 10 Additional training for medication administration.

Amends § 2451.05, subd. 5. Adds tardive dyskinesia to psychotropic medication side effects about which a staff person must receive training before administering medications to a client or observing self-administration.

# 11 Medication administration in residential programs.

Amends § 2451.11, subd. 5. Includes tardive dyskinesia in side effects and adverse reactions to medications that license holders must monitor under chapter 2451.

# 12 Telehealth services.

Amends § 256B.0625, subd. 3b. Provides that telehealth in medical assistance includes audio-only communication between a provider and a patient from January 1, 2026, to January 1, 2029.

Makes this section effective January 1, 2026, or upon federal approval, whichever is later.

# 13 Transportation costs.

Amends § 256B.0625, subd. 17. Modifies the medical assistance nonemergency transportation reimbursement rates for protected transport by setting the base rate for the first 100 miles at \$75 and providing an additional \$75 for trips over 100 miles.

#### Section Description

#### 14 Mental health case management.

Amends § 256B.0625, subd. 20. Adds persons with C-PTSD to those eligible for mental health case management under medical assistance.

Makes this section effective upon federal approval.

#### 15 Appropriation; early episode of bipolar disorder grant program.

Appropriates money from the general fund to the commissioner of human services for the early episode of bipolar disorder grant program.

#### 16 Appropriation; first episode of psychosis grant program.

Appropriates money from the general fund to the commissioner of human services for the first episode of psychosis grant program, to be added to the base. Requires the commissioner to fund current programs to ensure stability and continuity of care, if the program has met the requirements for past usage of funds. Specifies allowable uses of grant funds.



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