

MENTAL HEALTH AND DISABILITY SERVICES LEGISLATION

March 19, 2013

- ❖ HF 160 - Transition Fund - \$11.6 M.
 - Passed House
 - Passed Senate

- ❖ SF 203 – DHS MHDS Bill
 - Sub-acute Facility Clarification
 - Clarify the role of psychiatrist in Sub-acute – Use the term mental health profession within the scope of their practice
 - Insuring ICF/PMI meets licensing standards
 - Eliminate prescriptive client identifier
 - Eliminates legacy ID data base
 - Technical adjustment to how the 70% of the mental health block grant is distributed to CMHCs
 - Passed Senate – Passed House

- ❖ SF 406 (Successor to SSB 1192) – Judicial
 - Moves mental health advocates to the Department of Human Rights
 - Eliminates ID commitment
 - Merges application for SUD and MI commitment
 - Requires a study of creating a centralized data base for access to inpatient psychiatric hospital beds.

- ❖ SF 415 (Successor to SSB 1199) – Mental Health and Disability Services Workgroup Recommendations and Equalization Bill
 - Redefines “Evidenced Based Practices” to “Research Based Practices”
 - Clarifies responsibility for serving persons in community corrections
 - Expands eligibility to children and ID if any county of the region served this class of people at the discretion of the region. Allows expansion to occur in limited areas of the region.
 - Expands the persons for whom services can be grandfathered to children
 - Equalization payments must go to regions
 - Extends strategic plan due dates to the time the county submits a regional management plan
 - Requires counties to use transition funds to continue existing services
 - Funds equalization
 - Requires MHDS Commission to study how county funding for SUD services can be better coordinated
 - Stops any additional adjustments for county Medicaid bills effective July 1, 2013
 - Directs state payment program funding to follow the person to the county/region in which residency is established
 - Establishes expectations for data collection and outcomes and performance measures
 - Establishes a Children’s Cabinet
 - Establishes a Center for Child Health Innovation and Excellence

- ❖ HF 53 – Sex Offenders in Nursing Facilities
 - Requires nursing facilities, residential care facilities and assisted living facilities to notify individuals served, their family, and others if a registered sex offender is being served at the facility.
 - Requires DHS to make arrangement to serve persons on the sex offender registry that cannot secure needed nursing facility, residential care facility, and assisted living services.
 - Establishes a workgroup to develop a long term solution to the issue.