

Subject Task Force on Priority Admissions to State-Operated Treatment Programs Recommendations

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Overview

This bill contains provisions based on the recommendations from the Task Force on Priority Admissions to State-Operated Treatment Programs. Included in the bill are: (1) changes to the priority admissions to state-operated treatment programs process; (2) changes to and expansion of community behavioral health services; (3) miscellaneous provisions, including modifications to county cost of care payment requirements, use of funds generated through county cost of care payments, and provisions related to medications for mental health in county correctional facilities; and (4) various appropriations.

Article 1: Priority Admissions to State-Operated Treatment Programs

This article makes various changes to the statutes governing priority admissions to state-operated treatment programs.

Section Description - Article 1: Priority Admissions to State-Operated Treatment Programs

1 Administrative requirements.

Amends § 253B.10, subd. 1. This section makes various changes to priority admissions to state-operated treatment programs, including:

- Prioritizes persons committed to the commissioner for admission to a medically appropriate direct care and treatment (DCT) program based on the decisions of physicians in the executive medical director's office, using a priority admissions framework.
- Lists the factors for which the framework must account for priority admission.
- Removes language requiring patients being admitted from jail or a correctional institution to be admitted to a state-operated treatment program within 48 hours.

Section Description - Article 1: Priority Admissions to State-Operated Treatment Programs

- Requires a panel appointed by the commissioner, consisting of task force members, to review de-identified data quarterly for one year following the implementation of the framework to ensure that the framework is implemented and applied equitably. Requires the panel to advise the commissioner on the effectiveness of the framework and priority admissions generally.
- After the panel completes its year of review, requires a quality committee established by the Department of Direct Care and Treatment executive board to continue to review data and provide a routine report to the executive board on the effectiveness of the framework and priority admissions.
- Allows the commissioner to immediately approve an exception to add up to ten civilly committed patients who are awaiting admission in hospital settings to the priority admissions waiting list for admission to medically appropriate DCT programs. Requires admissions of these patients to be managed according to the priority admissions framework. Makes this exception expire upon the commissioner's approval of the exception or on August 1, 2024, whichever is sooner.

Article 2: Community Behavioral Health Services

This article makes changes to various provisions related to community behavioral health services, establishes new grant programs, provides various payment rate increases, and requires the commissioner to apply to the federal government for a section 1115 demonstration waiver to provide short-term medical assistance (MA) enrollment assistance and prerelease coverage for care transition services to incarcerated individuals who are soon to be released from incarceration.

Section Description - Article 2: Community Behavioral Health Services

1 First episode of psychosis grant program.

Amends § 245.4905.

Subd. 1. Creation. Removes language allowing for funding of a public awareness campaign on the signs and symptoms of psychosis. Expands eligibility for the grant program to include young adults and early episodes of psychosis. Requires the Department of Human Services to seek to fund eligible providers of first episode of psychosis services and assist with program establishment throughout the state.

Section Description - Article 2: Community Behavioral Health Services

Subd. 2. Activities. Makes conforming changes. Expands intensive treatment and support to include family peer support. Expands outreach and training activities provided to mental health and health care professionals to include the first episode of psychosis program.

Subd. 3. Eligibility. Modifies eligibility for the grant program to include people who have experienced an early or first episode of psychosis.

Subd. 4. Outcomes. Expands outcome evaluation criteria to include whether individuals experience a decrease in interactions with the criminal justice system; adds criteria related to attaining employment.

Subd. 5. Federal aid or grants. Requires the commissioner to provide an annual report to the legislature detailing the use of state and federal funds for the first episode of psychosis grant program, the number of programs funded, the number of individuals served across all grant-funded programs, and outcome and evaluation data.

2 Early episode of bipolar disorder grant program.

Creates § 245.4908.

Subd. 1. Creation. Establishes the early episode of bipolar disorder grant program to fund evidence-based interventions for youth and young adults at risk of developing or experiencing an early episode of bipolar disorder. Makes early episode of bipolar disorder services eligible for children's mental health grants. Requires the Department of Human Services to seek to fund eligible programs throughout the state.

Subd. 2. Activities. Lists activities that must be undertaken by early episode of bipolar grant program recipients. Allows grant money to be used to pay for housing or travel expenses for individuals receiving services or to address other barriers preventing individuals and their families from participating in early episode of bipolar disorder services.

Subd. 3. Service eligibility. Specifies services provided under the grant program may be provided to individuals between 15 and 40 years of age who have early signs of or are experiencing bipolar disorder.

Subd. 4. Outcomes. Lists outcome evaluation criteria that must be used and specifies that evaluation of program activities must utilize evidence-based practices.

Subd. 5. Federal aid or grants. Requires the commissioner of human services to comply with all conditions necessary to receive federal aid or grants. Requires

Section Description - Article 2: Community Behavioral Health Services

the commissioner to provide an annual report to the legislature detailing the use of state and federal funds for the early episode of bipolar disorder grant program, the number of programs funded, the number of individuals served across all grant-funded programs, and outcome and evaluation data.

3 Engagement services pilot grants.

Creates § 253B.042.

Subd. 1. Creation. Establishes the engagement services pilot grant program to provide grants to counties or certified community behavioral health centers to provide engagement services under the services for engagement in treatment program. Specifies that engagement services provide early interventions to prevent an individual from meeting the criteria for civil commitment and promote positive outcomes.

Subd. 2. Allowable grant activities. Lists the activities for which grantees may use grant funding. Requires engagement services staff to have completed training on person-centered care. Allows engagement services staff to include mobile crisis providers, certified peer specialists, community-based treatment programs staff, and homeless outreach workers.

Subd. 3. Outcome evaluation. Requires the commissioner of management and budget to evaluate grant outcomes using an experimental or quasi-experimental design. Requires grantees to collect and provide the information needed to the commissioner of human services. Requires the commissioner to provide the information collected to the commissioner of management and budget to conduct the evaluation.

4 Client eligibility.

Amends § 254B.04, subd. 1a. Modifies eligibility for behavioral health fund services by making MinnesotaCare enrollees eligible for room and board services under programs providing children's residential services. Makes section effective January 1, 2025, or upon federal approval, whichever is later.

5 Rate requirements.

Amends § 254B.05, subd. 5. Requires the commissioner to: (1) increase rates by an unspecified percentage for residential substance use disorder treatment services effective for services rendered on or after January 1, 2025; (2) increase rates for such services annually by a specified process; (3) repay any excess amounts of federal financial participation for behavioral health services to the Centers for Medicare and Medicaid Services (CMS) with state money and maintain the full payment rates; and (4) increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increase for residential services. Specifies that

Section Description - Article 2: Community Behavioral Health Services

these rate increases do not apply to federally qualified health centers, rural health centers, Indian health services, certified community behavioral health clinics (CCBHCs), cost-based rates, and rates that are negotiated with the county. Makes conforming changes.

6 Hospital payment rates.

Amends § 256.969, subd. 2b. Effective for services rendered on or after January 1, 2025, requires the commissioner to: (1) increase payments for inpatient behavioral health services provided by hospitals paid on a diagnosis-related group methodology by increasing the adjustment for behavioral health services; and (2) increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increase provided to hospitals. Requires managed care and county-based purchasing plans to use the capitation rate increase to increase payment rates to behavioral health services providers. Requires the commissioner to monitor the effect of this rate increase on enrollee access to services. Specifies other requirements related to the managed care and county-based purchasing plans and treatment of capitation rate increases.

7 Eligibility for assertive community treatment.

Amends § 256B.0622, subd. 2a. Expands the list of high-intensity services needed that make a person eligible for assertive community treatment (ACT) services, to include receiving services through a first episode of psychosis program.

8 Provider certification and contract requirements for assertive community treatment.

Amends § 256B.0622, subd. 3a. Removes a requirement that an ACT provider have a contract with the host county to provide ACT services.

9 Assertive community treatment team staff requirements and roles.

Amends § 256B.0622, subd. 7a. Modifies assertive community treatment team staff requirements and role of the team leader.

10 Assertive community treatment program scores.

Amends § 256B.0622, subd. 7b. Removes language related to assertive community treatment team caseload limits, staff-to-client ratios, and other requirements related to team size. Instead requires each assertive community treatment team to demonstrate that the team attained a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment.

Section Description - Article 2: Community Behavioral Health Services

- 11 **Assertive community treatment assessment and individual treatment plan.**
Amends § 256B.0622, subd. 7d. Makes the timing of updates to the ACT client’s diagnostic assessment consistent with requirements in the Mental Health Uniform Service Standards Act.
- 12 **Payments.**
Amends § 256B.0757, subd. 5. Modifies rates for behavioral health home services by requiring the commissioner to: (1) determine and implement a single statewide reimbursement rate for behavioral health home services that is no less than \$408 per member per month; (2) adjust the statewide reimbursement rate annually based on inflation; and (3) review and update the behavioral health home service rate at least every four years based on specified information.

Provides a January 1, 2025, effective date, or upon federal approval, whichever is later. Requires the commissioner of human services to inform the revisor of statutes when federal approval is obtained.
- 13 **Physician and professional services reimbursement.**
Amends § 256B.76, subd. 1. Removes obsolete language. Sunsets certain physician and professional services rates on December 31, 2024. Makes conforming changes.
- 14 **Medicare relative value units.**
Amends § 256B.76, subd. 6. Modifies MA rates for certain physician and professional services rates for services rendered on or after January 1, 2025. Requires the commissioner to revise fee-for-service payment methodologies upon the issuance of a Medicare Physician Fee Schedule final rule by CMS, to ensure the payment rates are at least equal to the corresponding rates in the final rule. Requires the commissioner to revise and implement payment rates for mental health services based on Medicare relative value units and rendered on or after January 1, 2025, such that the payment rates are at least equal to 100 percent of the Medicare Physician Fee Schedule.

Makes all mental health services and substance use disorder services performed in a primary care or mental health care health professional shortage area, medically underserved area, or medically underserved population, eligible for a ten percent bonus payment. Specifies when the services are eligible for a bonus based on the performance of the service in a health professional shortage area. Requires the commissioner to increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increases that are effective for services rendered on or after January 1, 2025. Specifies other requirements related to managed care and county-based purchasing plans and the capitation payment increase.

Section Description - Article 2: Community Behavioral Health Services

- 15 **Reimbursement for mental health services.**
Amends § 256B.761. Increases payment rates for specific services rendered on or after January 1, 2025, to align with the Medicare Physician Fee Schedule. Requires the commissioner to revise fee-for-service payment methodologies upon the issuance of a Medicare Physician Fee Schedule final rule by CMS to ensure the payment rates align with the corresponding payment rates in the final rule.
- 16 **Direction to commissioner of human services; Medicaid reentry section 1115 demonstration opportunity waiver.**
Requires the commissioner of human services to apply to the federal government for a Medicaid reentry section 1115 demonstration opportunity waiver to provide short-term MA enrollment assistance and prerelease coverage for care transition services to incarcerated individuals who are soon to be released, consistent with federal law and guidance. Specifies the services that must be included in the commissioner’s application. Requires the commissioner to consult with the commissioner of corrections and listed stakeholders when preparing the application.

Provides an immediate effective date.
- 17 **Revisor instruction.**
Instructs the revisor of statutes, in consultation with nonpartisan legislative staff and the commissioner of human services, to: (1) prepare legislation for the 2025 legislative session to recodify the statutes governing assertive community treatment and intensive residential treatment services to move those provisions into separate sections of statute; and (2) correct any cross-references made necessary by this recodification.
- 18 **Repealer.**
Repeals Minn. Stat. § 256B.0625, subd. 38 (MA payments for mental health services).

Article 3: Miscellaneous

This article includes various provisions related to state-operated treatment and mental health treatment, including modifications to county cost of care payment requirements, use of funds generated through county cost of care payments, provisions related to medications for mental health in county correctional facilities, and requiring joint collaboration.

Section Description - Article 3: Miscellaneous

1 Mental health innovation account.

Amends § 246.18, subd. 4a. Removes the limit on the amount of revenue generated by collection efforts from Anoka-Metro Regional Treatment Center and community behavioral health hospitals that must be deposited into the mental health innovation account, so that all revenue generated from such collection efforts must be deposited into the mental health innovation account.

2 Anoka-Metro Regional Treatment Center.

Amends § 246.54, subd. 1a. Specifies criteria under which a county is not responsible for 100 percent of the cost of care for a client who is civilly committed, at Anoka-Metro Regional Treatment Center, when the facility determines that it is clinically appropriate for the client to be discharged. Removes temporary cost of care provision that is replaced by new language.

3 Community behavioral health hospitals.

Amends § 246.54, subd. 1b. Specifies criteria under which a county is not responsible for 100 percent of the cost of care for a client who is civilly committed, at a state-operated community behavioral health hospital when the facility determines that it is clinically appropriate for the client to be discharged. Removes temporary cost of care provision that is replaced by new language.

4 Medical aid.

Amends § 641.15, subd. 2. Prohibits a prisoner from having a co-payment obligation for receiving a medication for mental health treatment in a county correctional facility. Allows the county board to seek reimbursement for mental health medication co-payment costs from the commissioner of human services.

5 Joint incident collaboration; direction to commissioner of human services.

Requires the commissioner of human services and the Department of Direct Care and Treatment executive board to coordinate to implement a joint incident collaboration model with counties and community mental health treatment providers, to actively arrange discharges of DCT patients to appropriate community treatment settings when patients are medically stable for discharge.

Article 4: Appropriations

This article provides appropriations for correctional facility mental health costs and services, county correctional facility mental health medications, forensic examiner services, DCT capacity and utilization expansion, hospital payment rate increases, engagement services pilot grants, the early episode of bipolar grant program, and the first episode of psychosis grant program.

Section Description - Article 4: Appropriations

- 1 Correctional facility mental health costs and services.**
Appropriates an unspecified amount in fiscal year 2025 from the general fund to the commissioner of human services for services and costs for prisoners receiving mental health medications in county correctional facilities. Lists uses of funds.
- 2 Direct care and treatment; county correctional facility mental health medications.**
Appropriates an unspecified amount in fiscal year 2025 from the general fund to the commissioner of human services to create a staff position within DCT to provide education, support, and technical assistance to counties and county correctional facilities on the provision of medications for mental health treatment, and to assist with finding providers to deliver the medications.
- 3 Forensic examiner services.**
Appropriates \$9,230,000 in fiscal year 2025 from the general fund to the supreme court for the psychological and psychiatric forensic examiner services program, to deliver statutorily mandated psychological examinations for civil commitment, criminal competency, and criminal responsibility evaluations. Requires the appropriation to be used to increase forensic examiner pay rates from \$125 to \$225 per hour.
- 4 Direct care and treatment capacity and utilization.**
Appropriates an unspecified amount in fiscal year 2025 from the general fund to the commissioner of human services to increase capacity and access to DCT for all levels of care. Requires the commissioner to: (1) prioritize expanding capacity within the Forensic Mental Health Program by ten to 20 percent and Anoka-Metro Regional Treatment Center and community behavioral health hospitals by 20 percent; and (2) examine the utilization of beds at the Forensic Mental Health Program to identify opportunities for the most effective utilization of secured programming and to develop and fund DCT transitional support resources.
- 5 Hospital payment rate increases.**
Appropriates \$8,785,000 in fiscal year 2025 from the general fund to the commissioner of human services for rate increases for behavioral health services provided by hospitals paid on a diagnosis-related group methodology for hospital inpatient services.
- 6 Engagement services pilot grants.**
Appropriates \$2,000,000 in fiscal year 2025 from the general fund to the commissioner of human services for engagement services pilot grants. Adds this funding to the base.

Section Description - Article 4: Appropriations

- 7 Early episode of bipolar grant program.**
Appropriates an unspecified amount in fiscal year 2025 from the general fund to the commissioner of human services for the early episode of bipolar grant program. Adds this funding to the base.
- 8 First episode of psychosis grant program.**
Appropriates \$2,000,000 in fiscal year 2025 from the general fund to the commissioner of human services for the first episode of psychosis grant program. Adds this funding to the base. Specifies how the commissioner may distribute this funding. Requires the commissioner to continue to fund current grantee programs to ensure stability and continuity of care.



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