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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 1305

02/18/2021 Authored by Rasmusson; Hanson, J.; Keeler; Franson; Ecklund and others
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying the medical assistance reimbursement rate
1.3 methodology for crisis stabilization services in residential settings; amending
1.4 Minnesota Statutes 2020, section 256B.0624, subdivision 7.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2020, section 256B.0624, subdivision 7, is amended to read:

1.7 Subd. 7. Crisis stabilization services. (a) Crisis stabilization services must be provided
1.8 by qualified staff of a crisis stabilization services provider entity and must meet the following
1.9 standards:

1.10 (1) a crisis stabilization treatment plan must be developed which meets the criteria in
1.11 subdivision 11;

1.12 (2) staff must be qualified as defined in subdivision 8; and

1.13 (3) services must be delivered according to the treatment plan and include face-to-face
1.14 contact with the recipient by qualified staff for further assessment, help with referrals,
1.15 updating of the crisis stabilization treatment plan, supportive counseling, skills training,
1.16 and collaboration with other service providers in the community.

1.17 (b) If crisis stabilization services are provided in a supervised, licensed residential setting,
1.18 the recipient must be contacted face-to-face daily by a qualified mental health practitioner
1.19 or mental health professional. The program must have 24-hour-a-day residential staffing
1.20 which may include staff who do not meet the qualifications in subdivision 8. The residential
1.21 staff must have 24-hour-a-day immediate direct or telephone access to a qualified mental
1.22 health professional or practitioner.

2.1 (c) If crisis stabilization services are provided in a supervised, licensed residential setting  
2.2 that serves no more than four adult residents, and one or more individuals are present at the  
2.3 setting to receive residential crisis stabilization services, the residential staff must include,  
2.4 for at least eight hours per day, at least one individual who meets the qualifications in  
2.5 subdivision 8, paragraph (a), clause (1) or (2). The commissioner shall establish a statewide  
2.6 per diem rate for crisis stabilization services provided under this paragraph to medical  
2.7 assistance enrollees. The rate for a provider shall not exceed the rate charged by that provider  
2.8 for the same service to other payers. Payment shall not be made to more than one entity for  
2.9 each individual for services provided under this paragraph on a given day. The commissioner  
2.10 shall set rates prospectively for the annual rate period. The commissioner shall require  
2.11 providers to submit annual cost reports on a uniform cost reporting form and shall use  
2.12 submitted cost reports to inform the rate-setting process. The commissioner shall recalculate  
2.13 the statewide per diem every year.

2.14 (d) If crisis stabilization services are provided in a supervised, licensed residential setting  
2.15 that serves more than four adult residents, and one or more are recipients of crisis stabilization  
2.16 services, the residential staff must include, for 24 hours a day, at least one individual who  
2.17 meets the qualifications in subdivision 8. During the first 48 hours that a recipient is in the  
2.18 residential program, the residential program must have at least two staff working 24 hours  
2.19 a day. Staffing levels may be adjusted thereafter according to the needs of the recipient as  
2.20 specified in the crisis stabilization treatment plan.

2.21 **EFFECTIVE DATE.** This section is effective August 1, 2021, or upon federal approval,  
2.22 whichever is later. The commissioner of human services shall notify the revisor of statutes  
2.23 when federal approval is obtained.