

H. F. No. **1176**

(b) Effective July 1, 2001, the medical assistance rates for outpatient mental health services provided by an entity that operates: (1) a Medicare-certified comprehensive outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993, with at least 33 percent of the clients receiving rehabilitation services in the most recent calendar year who are medical assistance recipients, will be increased by 38 percent, when those services are provided within the comprehensive outpatient rehabilitation facility and provided to residents of nursing facilities owned by the entity.

(c) The commissioner shall establish three levels of payment for mental health diagnostic assessment, based on three levels of complexity. The aggregate payment under the tiered rates must not exceed the projected aggregate payments for mental health diagnostic assessment under the previous single rate. The new rate structure is effective January 1, 2011, or upon federal approval, whichever is later.

(d) In addition to rate increases otherwise provided, the commissioner may restructure coverage policy and rates to improve access to adult rehabilitative mental health services under section 256B.0623 and related mental health support services under section 256B.021, subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected state share of increased costs due to this paragraph is transferred from adult mental health grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent base adjustment for subsequent fiscal years. Payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the rate changes described in this paragraph.

(e) Effective January 1, 2018, managed care plans and county-based purchasing plans must reimburse providers of mental health services who are employed by or under contract with the plan an amount that is at least as much as the fee-for-service payment for the same mental health service. Quality measures that must be tracked in conjunction with this paragraph are rate of access to mental health services and mental health inpatient hospitalization rates.

(f) Effective for services rendered on or after January 1, 2018, payment rates for mental health services shall be increased by ten percent from the rates in effect on December 31, 2017. Payment rates for psychiatry services shall be increased by an additional ten percent. This increase does not apply to federally qualified health centers, rural health centers, Indian health services, certified community behavioral health centers, cost-based rates, and rates that are negotiated with the county.