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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3277

02/13/2020 Authored by Nornes
The bill was read for the first time and referred to the Health and Human Services Finance Division

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 2018, section 256B.0624, subdivision 7.

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

1.6 Section 1. Minnesota Statutes 2018, 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). Crisis stabilization services provided under
2.6 this paragraph to medical assistance enrollees must be reimbursed at a payment rate that is
2.7 established between the commissioner and the individual provider, based on a rate analysis
2.8 conducted by the commissioner.

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