

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 3079

(SENATE AUTHORS: JENSEN and Abeler)

| DATE | D-PG | OFFICIAL STATUS |
|------------|------|------------------------------------------------------|
| 02/13/2020 | 4747 | Introduction and first reading |
| | | Referred to Human Services Reform Finance and Policy |
| 03/04/2020 | | Comm report: To pass as amended |
| | | Second reading |

1.1 A bill for an act

1.2 relating to human services; prohibiting the commissioner of human services from

1.3 imposing new or additional reporting requirements on community-based mental

1.4 health service providers unless the commissioner first increases reimbursement

1.5 rates; amending Minnesota Statutes 2018, section 245.4682, subdivision 2.

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

1.7 Section 1. Minnesota Statutes 2018, section 245.4682, subdivision 2, is amended to read:

1.8 Subd. 2. **General provisions.** (a) In the design and implementation of reforms to the

1.9 mental health system, the commissioner shall:

1.10 (1) consult with consumers, families, counties, tribes, advocates, providers, and other

1.11 stakeholders;

1.12 (2) bring to the legislature, and the State Advisory Council on Mental Health, by January

1.13 15, 2008, recommendations for legislation to update the role of counties and to clarify the

1.14 case management roles, functions, and decision-making authority of health plans and

1.15 counties, and to clarify county retention of the responsibility for the delivery of social

1.16 services as required under subdivision 3, paragraph (a);

1.17 (3) withhold implementation of any recommended changes in case management roles,

1.18 functions, and decision-making authority until after the release of the report due January

1.19 15, 2008;

1.20 (4) ensure continuity of care for persons affected by these reforms including ensuring

1.21 client choice of provider by requiring broad provider networks and developing mechanisms

1.22 to facilitate a smooth transition of service responsibilities;

2.1 (5) provide accountability for the efficient and effective use of public and private
2.2 resources in achieving positive outcomes for consumers;

2.3 (6) ensure client access to applicable protections and appeals; and

2.4 (7) make budget transfers necessary to implement the reallocation of services and client
2.5 responsibilities between counties and health care programs that do not increase the state
2.6 and county costs and efficiently allocate state funds.

2.7 (b) When making transfers under paragraph (a) necessary to implement movement of
2.8 responsibility for clients and services between counties and health care programs, the
2.9 commissioner, in consultation with counties, shall ensure that any transfer of state grants
2.10 to health care programs, including the value of case management transfer grants under
2.11 section 256B.0625, subdivision 20, does not exceed the value of the services being transferred
2.12 for the latest 12-month period for which data is available. The commissioner may make
2.13 quarterly adjustments based on the availability of additional data during the first four quarters
2.14 after the transfers first occur. If case management transfer grants under section 256B.0625,
2.15 subdivision 20, are repealed and the value, based on the last year prior to repeal, exceeds
2.16 the value of the services being transferred, the difference becomes an ongoing part of each
2.17 county's adult mental health grants under sections 245.4661 and 256E.12.

2.18 (c) This appropriation is not authorized to be expended after December 31, 2010, unless
2.19 approved by the legislature.

2.20 (d) Beginning July 1, 2020, the commissioner of human services shall not impose new
2.21 or additional reporting requirements for community-based mental health service providers
2.22 unless the commissioner first increases service reimbursement rates.