

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	5158a	Comm report: To pass as amended
	5223	Second reading

1.1

A bill for an act

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

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imposing new or additional reporting requirements on community-based mental

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health service providers unless the commissioner first increases reimbursement

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

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

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

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

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mental health system, the commissioner shall:

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

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stakeholders;

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

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

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

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

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

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

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

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15, 2008;

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

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

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to facilitate a smooth transition of service responsibilities;

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

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

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

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

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

(d) Beginning July 1, 2020, the commissioner of human services shall not impose new or additional state reporting requirements to those existing in law as of July 1, 2020, for community-based mental health service providers as a condition for reimbursement for mental health services provided through medical assistance or MinnesotaCare, unless the corresponding service reimbursement rates are first increased. This provision does not apply to any new services offered by community-based mental health service providers after July 1, 2020.