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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. **3263**

03/17/2016 Authored by Schoen

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to mental health; modifying criteria for determining clinical need for  
1.3 hospitalization; decreasing the county share of cost for care; amending Minnesota  
1.4 Statutes 2015 Supplement, section 246.54, subdivision 1.

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

1.6 Section 1. Minnesota Statutes 2015 Supplement, section 246.54, subdivision 1, is  
1.7 amended to read:

1.8 Subdivision 1. **County portion for cost of care.** (a) Except for chemical  
1.9 dependency services provided under sections 254B.01 to 254B.09, the client's county  
1.10 shall pay to the state of Minnesota a portion of the cost of care provided in a regional  
1.11 treatment center or a state nursing facility to a client legally settled in that county. A  
1.12 county's payment shall be made from the county's own sources of revenue and payments  
1.13 shall equal a percentage of the cost of care, as determined by the commissioner, for each  
1.14 day, or the portion thereof, that the client spends at a regional treatment center or a state  
1.15 nursing facility according to the following schedule:

1.16 (1) zero percent for the first 30 days;

1.17 (2) 20 percent for days 31 and over if the stay is determined to be clinically  
1.18 appropriate for the client; and

1.19 (3) ~~40~~ 50 percent for each day during the stay, including the day of admission,  
1.20 when the facility determines that it is clinically appropriate for the client to be discharged.

1.21 (b) For the purpose of determining clinical appropriateness as required in paragraph  
1.22 (a), clause (3), the reviewer must (1) consult with the county case manager and (2)  
1.23 consider the availability of appropriate community living and services. The information

2.1 must be documented in the client's file and considered by the reviewer when making the  
2.2 final determination of whether it is clinically appropriate for the client to be discharged.

2.3 (c) The facility must notify the county when the determination has been made that  
2.4 a client no longer meets the clinical criteria for hospitalization, and the county must  
2.5 acknowledge receipt of this information. Upon notification by the facility, the county's  
2.6 payment for cost of care will be assessed at the rate required in paragraph (a), clause (3).

2.7 ~~(b)~~ (d) If payments received by the state under sections 246.50 to 246.53 exceed 80  
2.8 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph  
2.9 (a), clause (2), the county shall be responsible for paying the state only the remaining  
2.10 amount. The county shall not be entitled to reimbursement from the client, the client's  
2.11 estate, or from the client's relatives, except as provided in section 246.53.