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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 3737

02/24/2022 Authored by Morrison; Baker; Albright; Xiong, J., and Heinrich
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying payments made to behavioral health home
1.3 providers; amending Minnesota Statutes 2020, section 256B.0757, subdivisions
1.4 1, 2, 3, 4, 5, 8.

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

1.6 Section 1. Minnesota Statutes 2020, section 256B.0757, subdivision 1, is amended to read:

1.7 Subdivision 1. Provision of coverage. (a) The commissioner shall provide medical
1.8 assistance coverage of behavioral health home services for eligible individuals with chronic
1.9 conditions who select a designated provider as the individual's behavioral health home.

1.10 (b) The commissioner shall implement this section in compliance with the requirements
1.11 of the state option to provide behavioral health homes for enrollees with chronic conditions,
1.12 as provided under the Patient Protection and Affordable Care Act, Public Law 111-148,
1.13 sections 2703 and 3502. Terms used in this section have the meaning provided in that act.

1.14 (c) The commissioner shall establish behavioral health homes to serve populations with
1.15 serious mental illness who meet the eligibility requirements described under subdivision 2.
1.16 The behavioral health home services provided by behavioral health homes shall focus on
1.17 both the behavioral and the physical health of these populations.

1.18 Sec. 2. Minnesota Statutes 2020, section 256B.0757, subdivision 2, is amended to read:

1.19 Subd. 2. Eligible individual. (a) The commissioner may elect to develop behavioral
1.20 health home models in accordance with United States Code, title 42, section 1396w-4.

1.21 (b) An individual is eligible for behavioral health home services under this section if
1.22 the individual is eligible for medical assistance under this chapter and has a condition that

2.1 meets the definition of mental illness as described in section 245.462, subdivision 20,
2.2 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
2.3 clause (2). The commissioner shall establish criteria for determining continued eligibility.

2.4 Sec. 3. Minnesota Statutes 2020, section 256B.0757, subdivision 3, is amended to read:

2.5 Subd. 3. **Behavioral health home services.** (a) Behavioral health home services means
2.6 comprehensive and timely high-quality services that are provided by a behavioral health
2.7 home. These services include:

2.8 (1) comprehensive care management;

2.9 (2) care coordination and health promotion;

2.10 (3) comprehensive transitional care, including appropriate follow-up, from inpatient to
2.11 other settings;

2.12 (4) patient and family support, including authorized representatives;

2.13 (5) referral to community and social support services, if relevant; and

2.14 (6) use of health information technology to link services, as feasible and appropriate.

2.15 (b) The commissioner shall maximize the number and type of services included in this
2.16 subdivision to the extent permissible under federal law, including physician, outpatient,
2.17 mental health treatment, and rehabilitation services necessary for comprehensive transitional
2.18 care following hospitalization.

2.19 Sec. 4. Minnesota Statutes 2020, section 256B.0757, subdivision 4, is amended to read:

2.20 Subd. 4. **Designated provider.** Behavioral health home services are voluntary and an
2.21 eligible individual may choose any designated provider. The commissioner shall establish
2.22 designated providers to serve as behavioral health homes and provide the services described
2.23 in subdivision 3 to individuals eligible under subdivision 2. The commissioner shall apply
2.24 for grants as provided under section 3502 of the Patient Protection and Affordable Care Act
2.25 to establish behavioral health homes and provide capitated payments to designated providers.
2.26 For purposes of this section, "designated provider" means a provider, clinical practice or
2.27 clinical group practice, rural clinic, community health center, community mental health
2.28 center, or any other entity that is determined by the commissioner to be qualified to be a
2.29 behavioral health home for eligible individuals. This determination must be based on
2.30 documentation evidencing that the designated provider has the systems and infrastructure
2.31 in place to provide behavioral health home services and satisfies the qualification standards

3.1 established by the commissioner in consultation with stakeholders and approved by the
3.2 Centers for Medicare and Medicaid Services.

3.3 Sec. 5. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

3.4 Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider~~
3.5 ~~for the provision of~~ establish a single statewide reimbursement rate for behavioral health
3.6 ~~home services described in subdivision 3 to each eligible individual under subdivision 2~~
3.7 ~~that selects the health home as a provider~~ under this section. In setting this rate, the
3.8 commissioner must include input from stakeholders, including providers of the services.
3.9 The statewide reimbursement rate shall be adjusted annually by the Medicare Economic
3.10 Index.

3.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

3.12 Sec. 6. Minnesota Statutes 2020, section 256B.0757, subdivision 8, is amended to read:

3.13 Subd. 8. **Evaluation and continued development.** (a) For continued certification under
3.14 this section, behavioral health homes must meet process, outcome, and quality standards
3.15 developed and specified by the commissioner. The commissioner shall collect data from
3.16 behavioral health homes as necessary to monitor compliance with certification standards.

3.17 (b) The commissioner may contract with a private entity to evaluate patient and family
3.18 experiences, health care utilization, and costs.

3.19 (c) The commissioner shall utilize findings from the implementation of behavioral health
3.20 homes to determine populations to serve under subsequent health home models for individuals
3.21 with chronic conditions.