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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 5089

03/20/2024 Authored by Clardy and Bierman The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; establishing a Collaborative Intensive Bridging Services
1.3 medical assistance covered service; directing the commissioner of human services
1.4 to conduct a rate study and request federal approval; requiring a report; amending
1.5 Minnesota Statutes 2022, section 256B.0625, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 72. Collaborative Intensive Bridging Services. (a) Effective January 1, 2028,
1.10 or upon federal approval, whichever is later, medical assistance covers Collaborative
1.11 Intensive Bridging Services.

1.12 (b) Medical assistance coverage of Collaborative Intensive Bridging Services includes
1.13 but is not limited to:

1.14 (1) a county children's mental health case manager;

1.15 (2) initial engagement and assessment of the family and child with an intensive in-home
1.16 therapist;

1.17 (3) placement of the child in a residential treatment facility to receive ongoing therapy
1.18 with the same intensive in-home therapist;

1.19 (4) home visits for the child during the child's stay at a residential treatment facility; and

1.20 (5) continued intensive in-home therapy after discharge from the residential treatment
1.21 facility.

1.22 (c) The commissioner must ensure that the services provided under paragraph (b):

2.1 (1) consist of evidence-based, promising practices and culturally responsive treatment
 2.2 services;

2.3 (2) embody an integrative care model that supports individuals who may also be
 2.4 experiencing co-occurring conditions;

2.5 (3) qualify for federal financial participation; and

2.6 (4) include services that support both children and their families.

2.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.8 **Sec. 2. DIRECTION TO COMMISSIONER; RATE STUDY AND REPORT.**

2.9 (a) No later than June 30, 2026, the commissioner of human services must conduct a
 2.10 rate study and request approval of a benefit and corresponding reimbursement rate from the
 2.11 Centers for Medicare and Medicaid Services for Collaborative Intensive Bridging Services
 2.12 established in Minnesota Statutes, section 256B.0625, subdivision 72. The commissioner
 2.13 must use all available supporting data and consult with counties, service providers, and
 2.14 evaluators in making the request.

2.15 (b) No later than January 15, 2027, the commissioner must submit to the chairs and
 2.16 ranking minority members of the legislative committees with jurisdiction over human
 2.17 services policy and finance a report proposing the following for Collaborative Intensive
 2.18 Bridging Services established in Minnesota Statutes, section 256B.0625, subdivision 72:

2.19 (1) eligibility criteria;

2.20 (2) clinical and service requirements;

2.21 (3) provider standards;

2.22 (4) licensing requirements;

2.23 (5) reimbursement rates; and

2.24 (6) draft legislation with statutory changes necessary to implement the recommendations
 2.25 of the commissioner in clauses (1) to (5).

2.26 (c) The commissioner's process in reporting and making recommendations on the topics
 2.27 in paragraph (b) must include:

2.28 (1) community engagement and input from providers, advocates, Tribal Nations, counties,
 2.29 people with lived experience, and other interested community members;

2.30 (2) study of Collaborative Intensive Bridging Services in other states; and

- 3.1 (3) consultation or contracting with rate setting experts to develop a prospective,
- 3.2 data-based rate methodology for paragraph (b), clause (5).
- 3.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.