

1.1 ..... moves to amend H.F. No. 1250 as follows:

1.2 Page 3, line 3, strike "section" and insert "sections"

1.3 Page 3, line 4, after "256B.0624" insert "and 256B.0944"

1.4 Page 3, line 12, delete "if" and insert "as applicable when"

1.5 Page 6, line 7, delete "two" and insert "three"

1.6 Page 6, delete lines 9 to 27 and insert:

1.7 "(3) the prohibition against inclusion of new facilities in the demonstration does not  
1.8 apply after the demonstration ends;

1.9 (4) the prospective payment rate under this section does not apply to services rendered  
1.10 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance  
1.11 when Medicare is the primary payer for the service;

1.12 (5) managed care organizations under contract with the commissioner for medical  
1.13 assistance services will pay the clinic-specific prospective payment system rate on a schedule  
1.14 that is coordinated with the state's phase-out of CCBHC wrap payments;

1.15 (6) initial prospective payment system rates for CCBHCs certified after July 1, 2019,  
1.16 will be based on rates for comparable CCBHCs. If no comparable provider exists, the  
1.17 commissioner will compute a CCBHC-specific rate based upon the CCBHC's audited costs  
1.18 adjusted for changes in the scope of services;

1.19 (7) the commissioner shall develop and seek federal approval for a rate methodology  
1.20 that considers costs for:

1.21 (i) acquisition, implementation, and maintenance of electronic health records and patient  
1.22 management systems;

1.23 (ii) care coordination;

2.1 (iii) a new CCBHC service that is not incorporated in the baseline prospective payment  
2.2 system rate, or a deletion of a CCBHC service that is incorporated in the baseline rate;

2.3 (iv) a change in service due to amended regulatory requirements or rules;

2.4 (v) a change in operating costs attributable to capital expenditures associated with a  
2.5 modification of services, including new or expanded service facilities, regulatory compliance,  
2.6 or changes in technology or medical practices at the clinic;

2.7 (vi) a change in types of services due to a change in applicable technology and medical  
2.8 practice utilized by the clinic; and

2.9 (vii) a change in the scope of a project approved by the federal Substance Abuse and  
2.10 Mental Health Services Administration or the commissioner; and

2.11 (8) until a new rate methodology receives federal approval, the rate for each CCBHC  
2.12 shall be based on the rate in effect on June 30, 2019, adjusted by the Medicare Economic  
2.13 Index as defined for the CCBHC federal demonstration; and

2.14 (9) entities that receive a prospective payment system rate which overlaps with the  
2.15 CCBHC rate are not eligible for a CCBHC rate. The commissioner shall consult with  
2.16 CCBHCs and other providers receiving a prospective payment system rate to study a rate  
2.17 methodology that eliminates potential duplication of payment for CCBHC providers who  
2.18 also receive a separate prospective payment system rate. The commissioner shall report to  
2.19 the chairs and ranking members of the legislative committees with jurisdiction over mental  
2.20 health services and medical assistance on findings and recommendations related to the rate  
2.21 methodology study, including any necessary statutory updates to implement  
2.22 recommendations, by February 15, 2021.

2.23 (e) The commissioner shall consult with CCBHC providers to develop the rate  
2.24 methodology under paragraph, (d), clause (7). The commissioner shall report to the chairs  
2.25 and ranking members of the legislative committees with jurisdiction over mental health  
2.26 services and medical assistance on the rate methodology and any necessary statutory updates  
2.27 to align with changes required for federal approval by February 15, 2020."

2.28 Renumber the sections in sequence and correct the internal references

2.29 Amend the title accordingly