



Minnesota Association of Community Mental Health Programs

Representative Rena Moran, Chair
Ways and Means Committee
MN House of Representatives
April 14, 2021

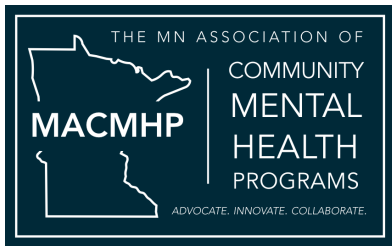
Dear Chair Moran and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs (MACMHP), I am sending this letter on the House File 2128 DE 1 amendment.

The Minnesota Association of Community Mental Health Programs (MACMHP) is the state's leading association for Community Mental Health Programs, representing 34 community-based mental health providers and agencies across the state. Collectively, we serve over 200,000 Minnesota families, children and adults. Our mission is to serve all who come to us seeking mental and chemical health services, regardless of their insurance status, ability to pay or where they live. As Essential Community Providers, we serve primarily culturally diverse, low-income, uninsured and public healthcare program insured Minnesotans, who cannot access services elsewhere. We serve our clients with comprehensive, coordinated care and love.

We thank you and the Committee for including critical provisions to sustaining mental health and substance use disorder care, including:

- Telehealth – updates and expansions of access. We encourage the Committee and members to consider the important role audio-only plays in expanding access to behavioral health services to so many communities throughout Minnesota.
- Early and periodic screening, diagnosis and treatment outreach services inclusion in the Integrated Health Partnership (IHP) model
- Expanding the definition of a mental health practitioner to encompass a wider pool of candidates for the practitioner role, especially regarding candidates from communities of color.
- CCBHC policy updates
- Substance use disorder community of practice offering more support for peer organizations and recovery community organizations
- Substance use disorder paperwork reduction and rate restructure analysis
- Mental Health Uniform Service Standards – We have been active in the Uniform Service Standards legislative proposal stakeholder work for the past two years. We have dedicated many hours to this process because the current mental health regulatory system needs change. Under our current mental health regulatory system, providers have to spend a great deal of time tracking down various pieces of statute and rule and variance just to determine which regulations apply to which mental health services, trying to interpret those at times confusing regulations, and often having to follow up with regulatory agencies about how to proceed when some of those regulations are in conflict. All the time spent on all these activities is time that providers can't spend delivering high quality mental health services to clients. Our hope is that by moving to the unified licensing framework for mental health services proposed in this bill, providers will have a more transparent and uniform system of standards to operate within that will better support their goal of increasing access to high quality mental health care for Minnesotans.



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We are asking for inclusion of provisions not currently in the DE 1 amendment:

- Allowing DHS to use more than one base year to set cost-based rates, making an exception to using pandemic-impacted cost-base year(s) – The language is specific to FQHCs, Hospitals and Rural Health Clinics. However, there are many mental health programs on cost-based rates that will also benefit from this provision, specifically CCBHCs, Assertive Community Treatment (ACT) and Residential Service providers. We encourage the Committee to include these services under this authority, for providers who elect this, as well.
- Outpatient MA rates study – behavioral health providers have been working with the Department for several years on a new sustainable outpatient rate methodology under Medical Assistance. We encourage the Committee to include language from the Governor's supplemental budget to model a new MA methodology structure, starting with behavioral health rates, which have been studied in 2019 and have identified modeling recommendations.

This has been a good process of bringing together stakeholders from the Department of Human Services, the provider community, counties and the advocacy community come together to work on this proposal with the shared end goal of improving access to high quality services for Minnesotans. We look forward to continuing the collaboration as this omnibus bill moves through the legislative process.

Sincerely

Jin Lee Palen
Executive Director
Minnesota Association of Community Mental Health Programs | MACMHP