

1.1 Backer from the Committee on Health Finance and Policy to which was referred:

1.2 H. F. No. 958, A bill for an act relating to human services; providing medical assistance
1.3 coverage of psychiatric Collaborative Care Model; amending Minnesota Statutes 2024,
1.4 section 256B.0671, by adding a subdivision.

1.5 Reported the same back with the following amendments:

1.6 Delete everything after the enacting clause and insert:

1.7 "Section 1. **[256B.077] PSYCHIATRIC COLLABORATIVE CARE MODEL.**

1.8 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
1.9 the meanings given.

1.10 (b) "Behavioral health care manager" means an individual who:

1.11 (1) is clinical staff;

1.12 (2) has formal education or specialized training in behavioral health;

1.13 (3) works under the oversight and direction of a treating medical provider;

1.14 (4) meets the qualifications for a mental health professional, mental health practitioner,
1.15 or clinical trainee set forth in section 245I.04; and

1.16 (5) is directly employed by or working under contract for the treating medical provider.

1.17 Behavioral health care manager includes a licensed addiction counselor or registered nurse
1.18 with training and experience in behavioral health when treating a substance use disorder.

1.19 (c) "Eligible individual" means an individual diagnosed with a mental illness, substance
1.20 use disorder, or other behavioral health condition by a treating medical provider.

1.21 (d) "Initial psychiatric collaborative care management" means psychiatric collaborative
1.22 care management directed by the treating medical provider, including the following with
1.23 appropriate documentation:

2.1 (1) outreach and engagement;

2.2 (2) initial assessment;

2.3 (3) development of an individualized treatment plan;

2.4 (4) review of a treatment plan by a psychiatric consultant;

2.5 (5) entry into the patient registry; and

2.6 (6) brief interventions using evidence-based techniques.

2.7 (e) "Psychiatric collaborative care model services" means medical services provided
2.8 under an evidence-based model of behavioral health integration that utilizes behavioral
2.9 health care management and psychiatric consultation provided through a formal collaborative
2.10 arrangement among a primary care team consisting of a primary care provider, a care
2.11 manager, and a psychiatric consultant. Psychiatric collaborative care model services include
2.12 but are not limited to initial and subsequent psychiatric collaborative care management.

2.13 (f) "Psychiatric consultant" means an individual who:

2.14 (1) is qualified as a licensed physician, psychiatrist, medical professional specializing
2.15 in addiction medicine, advanced practice registered nurse, or a physician assistant;

2.16 (2) is directly employed by or working under contract for the treating medical provider;
2.17 and

2.18 (3) supports the treating medical provider and behavioral health care manager in the
2.19 patient's treatment.

2.20 (g) "Subsequent psychiatric collaborative care management" means psychiatric
2.21 collaborative care management directed by the treating medical provider, including the
2.22 following with appropriate documentation:

2.23 (1) tracking individual follow-up and progress using the registry;

2.24 (2) weekly caseload consultation with the psychiatric consultant;

2.25 (3) collaboration and coordination of the individual's behavioral health care with the
2.26 treating medical provider and any other treating behavioral health providers;

2.27 (4) review of progress and recommended treatment modifications, including medication
2.28 management;

2.29 (5) brief interventions using evidence-based techniques; and

(6) monitoring of individual outcomes with (i) routine use of clinically appropriate and culturally responsive validated rating scales, and (ii) relapse prevention planning with individuals as they achieve remission of symptoms or other treatment goals and are prepared for discharge from active treatment.

(h) "Treating medical provider" means a primary care physician, advanced practice registered nurse, or physician assistant that bills for psychiatric collaborative care services and oversees all aspects of the individual's health care working in collaboration with the individual's behavioral health care manager and psychiatric consultant.

Subd. 2. **Psychiatric collaborative care model covered.** Medical assistance covers psychiatric collaborative care model services for eligible individuals.

Subd. 3. **Psychiatric collaborative care provider requirements.** A provider must meet the following conditions to be eligible for reimbursement under this section:

(1) be an enrolled provider in the Minnesota Health Care Programs;

(2) attest that care will be delivered consistent with the core principles and fidelity to the psychiatric collaborative care model in the manner determined by the commissioner;

(3) provide a primary care or behavioral health service covered by medical assistance;

(4) utilize an electronic health record;

(5) utilize an electronic patient registry that contains relevant data elements;

(6) have policies and procedures to track referrals to ensure that the referral meets the individual's needs;

(7) conduct subsequent psychiatric collaborative care management;

(8) agree to cooperate with and participate in the state's monitoring and evaluation of psychiatric collaborative care model services in the manner determined by the commissioner; and

(9) obtain the individual's verbal or written consent to begin receiving psychiatric collaborative care model services and to consult with relevant specialists in the manner determined by the commissioner.

Subd. 4. **Expressly allowable sites.** Sites eligible to bill for services provided under this section include but are not limited to federally qualified health centers and rural health centers.

4.1 Subd. 5. **Payments.** The commissioner must make payments to the treating medical
4.2 provider at the current Medicare reimbursement rate.

4.3 Subd. 6. **Evaluation.** (a) The commissioner must identify and collect data and outcome
4.4 measures from providers of psychiatric collaborative care model services.

4.5 (b) The commissioner must review the rates required under subdivision 5 on a regular
4.6 basis to ensure adequate sustainability.

4.7 (c) The commissioner's findings under this subdivision may be used to establish provider
4.8 standards, modify services and eligibility, or recommend funding for provider learning
4.9 communities.

4.10 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
4.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
4.12 when federal approval is obtained.

4.13 **Sec. 2. APPROPRIATIONS.**

4.14 (a) \$500,000 in fiscal year 2026 and \$500,000 in fiscal year 2027 are appropriated from
4.15 the fund to the commissioner of human services for grants that cover start-up and
4.16 capacity building costs of implementing a psychiatric collaborative care model including
4.17 but not limited to training for providers, establishing a required patient registry, and enrolling
4.18 initial patients.

4.19 (b) This section expires June 30, 2035."

4.20 Delete the title and insert:

4.21 "A bill for an act
4.22 relating to human services; establishing medical assistance coverage of psychiatric
4.23 collaborative care model services; appropriating money; proposing coding for new
4.24 law in Minnesota Statutes, chapter 256B."

4.25 With the recommendation that when so amended the bill be re-referred to the Committee
4.26 on Human Services Finance and Policy.

4.27 This Committee action taken February 26, 2025

4.28, Chair