

1.1 moves to amend H.F. No. 3274 as follows:

1.2 Page 1, line 20, delete everything after "days" and insert a period

1.3 Page 1, delete lines 21 to 24

1.4 Page 2, delete lines 1 and 2

1.5 Page 2, delete section 2

1.6 Page 2, line 11, delete "caring for residents younger than ... years old"

1.7 Page 2, line 12, delete "eight" and insert "six" and before the period, insert "within a
1.8 living unit. A provider must adjust sleeping hour staffing levels based on the clinical needs
1.9 of the residents in the facility"

1.10 Page 2, after line 12, insert:

1.11 "Sec. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

1.12 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per
1.13 provider for psychiatric residential treatment facility services for individuals 21 years of
1.14 age or younger. The rate for a provider must not exceed the rate charged by that provider
1.15 for the same service to other payers. Payment must not be made to more than one entity for
1.16 each individual for services provided under this section on a given day. The commissioner
1.17 must set rates prospectively for the annual rate period. The commissioner must require
1.18 providers to submit annual cost reports on a uniform cost reporting form and must use
1.19 submitted cost reports to inform the rate-setting process. The cost reporting must be done
1.20 according to federal requirements for Medicare cost reports.

1.21 (b) The following are included in the rate:

1.22 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
1.23 participation, meeting all service standards for participation, meeting all requirements for

2.1 active treatment, maintaining medical records, conducting utilization review, meeting
2.2 inspection of care, and discharge planning. The direct services costs must be determined
2.3 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
2.4 and service-related transportation; and

2.5 (2) payment for room and board provided by facilities meeting all accreditation and
2.6 licensing requirements for participation.

2.7 (c) A facility may submit a claim for payment outside of the per diem for professional
2.8 services arranged by and provided at the facility by an appropriately licensed professional
2.9 who is enrolled as a provider with Minnesota health care programs. Arranged services may
2.10 be billed by either the facility or the licensed professional. These services must be included
2.11 in the individual plan of care and are subject to prior authorization.

2.12 (d) Medicaid must reimburse for concurrent services as approved by the commissioner
2.13 to support continuity of care and successful discharge from the facility. "Concurrent services"
2.14 means services provided by another entity or provider while the individual is admitted to a
2.15 psychiatric residential treatment facility. Payment for concurrent services may be limited
2.16 and these services are subject to prior authorization by the state's medical review agent.
2.17 Concurrent services may include targeted case management, assertive community treatment,
2.18 clinical care consultation, team consultation, and treatment planning.

2.19 (e) Payment rates under this subdivision must not include the costs of providing the
2.20 following services:

2.21 (1) educational services;

2.22 (2) acute medical care or specialty services for other medical conditions;

2.23 (3) dental services; and

2.24 (4) pharmacy drug costs.

2.25 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
2.26 reasonable, and consistent with federal reimbursement requirements in Code of Federal
2.27 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
2.28 Management and Budget Circular Number A-122, relating to nonprofit entities.

2.29 (g) The commissioner shall consult with providers and stakeholders to develop an
2.30 assessment tool that identifies when a child with medical necessity for psychiatric residential
2.31 treatment facility level of care will require specialized care planning, including but not
2.32 limited to one on one staffing ratio in living environment. The commissioner will develop

3.1 the tool based on clinical and safety review and recommend the best uses of the protocols
 3.2 to align with reimbursement structures."

3.3 Page 2, delete section 4

3.4 Page 3, delete section 5

3.5 Page 5, delete section 6

3.6 Page 6, line 3, delete "\$10,500,000" and insert "\$2,500,000" and delete "general" and
 3.7 insert "American Rescue Plan state fiscal recovery federal"

3.8 Page 6, line 10, delete "\$1,500,000" and insert "\$500,000"

3.9 Page 6, after line 12, insert:

3.10 "Sec. **APPROPRIATION; PSYCHIATRIC RESIDENTIAL TREATMENT**
 3.11 **FACILITY START-UP GRANTS.**

3.12 \$2,200,000 in fiscal year 2023 is appropriated from the general fund to the commissioner
 3.13 of human services for psychiatric residential treatment facility start-up grants. Grants may
 3.14 be awarded to existing or prospective psychiatric residential treatment facility sites, and
 3.15 grant funds may be used for:

3.16 (1) administrative expenses;

3.17 (2) consulting services;

3.18 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

3.19 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,
 3.20 and training programs for staff and clients;

3.21 (5) allowable physical renovations to the property; and

3.22 (6) emergency workforce shortage uses, as determined by the commissioner."

3.23 Renumber the sections in sequence and correct the internal references

3.24 Amend the title accordingly