

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 922

DATE: February 19, 2007

Version: As introduced

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Subject: Mental Health Services; Funding

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Overview

This bill adds components of mental health treatment as covered services under medical assistance, and increases funding for mental health services.

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- 1** **Provider rate increases after June 30, 1999.** Amends § 256B.038. Includes children's therapeutic services and support services in the annual inflationary adjustment for payment for services.
- 2** **Definitions.** Amends § 256B.0623, subd. 2. Adds "family psycho-education" as a component of adult rehabilitative mental health services.
- 3** **Diagnostic assessment.** Amends § 256B.0623, subd. 8. Adds that a diagnostic assessment provided under adult rehabilitative mental health services must be reimbursed at the same rate as a diagnostic assessment under home and community-based waivers for persons with disabilities.
- 4** **Additional requirements.** Amends § 256B.0623, subd. 12. Provides that family psycho-education, coordination and care management, and collateral contacts are components of adult rehabilitative mental health services.
- 5** **Payments for mental health services.** Amends § 256B.0625, subd. 38. Paragraph (b). Provides that payments for mental health services covered by medical assistance that are provided by social workers will be paid in accordance with Minnesota Rules, part 9505.0323, subpart 24, unless paragraph (c) applies.

Paragraph (c). Provides that payments for covered mental health services provided by an

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individual employed by a community mental health center and who has completed all licensure or certification requirements, except the requirement for supervised experience, or who is a student in a field placement or internship shall be reimbursed at 100 percent of the rate paid to a doctoral-prepared professional.

Paragraph (d). States that medical assistance pays for clinical supervision of mental health practitioners by a mental health professional when clinical supervision is required as part of other medical assistance services.

- 6 **Mental health provider travel time.** Amends § 256B.0625, subd. 43. Provides that medical assistance will cover reimbursement for provider mileage.
- 7 **Mental health telemedicine.** Amends § 256B.0625, subd. 46. Adds that reimbursement for telemedicine shall include payment for the originating facility fee and the cost of broadband connections.
- 8 **Intensive mental health outpatient treatment.** Amends § 256B.0625, by adding subd. 50. Adds intensive mental health outpatient treatment as a covered service. Components of this treatment include individual, family, or multifamily group psychotherapy or psycho-education services; adjunctive services such as medical monitoring, behavioral parent training, rehabilitative services, medication education, relapse prevention, and care coordination; and service coordination and referral for medical care or social services. Provides that during service transition, treatment may include time-limited services in multiple settings as clinically necessary; these services shall be paid as per diem based on 90 percent of the rate paid for partial hospitalization.
- 9 **Care management.** Amends § 256B.0625, by adding subd. 51. Provides that medical assistance covers up to six hours of care management per client per year, without authorization, as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. States that the services must be based in the individual treatment plan.
- 10 **Collateral contacts.** Amends § 256B.0625, by adding subd. 52. Provides that medical assistance covers up to six hours of collateral contacts per client per year as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. States that the services must be based in the individual treatment plan.
- 11 **Mental health services; dual eligible clients.** Amends § 256B.0625, by adding subd. 53. States that effective for services rendered on or after January 1, 2008, medical assistance payments for community mental health and psychiatry services provided to dual eligible clients shall be paid at the Medicare reimbursement rate or at the medical assistance rate whichever is greater.
- 12 **Definitions.** Amends § 256B.0943, subd. 1. Adds "family psycho-education" as a component of children's therapeutic services and supports.
- 13 **Covered service components of children's therapeutic services and supports.** Amends § 256B.0943, subd. 2. Adds family psycho-education, coordination and care management, and collateral contacts to the list of covered services.
- 14 **Reimbursement of diagnostic assessments.** Amends § 256B.0943, by adding subd. 11a. Adds that a diagnostic assessment provided under children's therapeutic services and supports must be reimbursed at the same rate as a diagnostic assessment under home and community-based waivers for persons with disabilities.
- 15 **Payment for covered services.** Amends § 256B.69, subd. 5g. Excludes mental health

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- services added as covered benefits after December 31, 2007, from the payment reduction.
- 16 Payment reduction.** Amends § 256B.69, subd. 5h. Excludes mental health services added as covered benefits after December 31, 2007, from the payment reduction.
- 17 Reimbursement for mental health services.** Amends § 256B.761. Provides that medical assistance payment rates for mental health services provided by mental health professionals shall be determined using the average usual and customary charge of doctoral prepared professionals.
- 18 Critical access mental health rate increase.** Amends § 256B.763. Adds providers of individual and group skills training, individual and group psychotherapy, diagnostic assessments, and other components of children's therapeutic services and supports to the list of entities that receive 23.7 percent rate increase.
- 19 Rate setting; ratable reduction.** Amends § 256L.12, subd. 9a. Excludes mental health services added as covered benefits after December 31, 2007, from the rate reduction.
- 20 Dual diagnosis; demonstration project.** Instructs the commissioner of human services to fund demonstration projects for high-risk adults with serious mental illness and co-occurring substance abuse problems. Projects must include, but not be limited to, housing services; assertive outreach services; and intensive therapeutic, rehabilitative, and care management services.
- 21 Evidence-based practice.** Instructs the commissioner of human services to consult with stakeholder groups and make budget neutral changes to medical assistance coverage to implement evidence-based practice as defined by the Agency for Healthcare Research and Quality Practice Guidelines.
- 22 Mental health services provider rate increases.** Provides that a 2.2553 percent rate increase must be provided for children's therapeutic services and supports and for adult rehabilitative mental health services.
- 23 Telehealth.** Directs the commissioner of administration to consult with the commissioner of human services to provide televideo conferencing at no cost to providers between state and county agency sites and community provider sites. Sets out the criteria for provider eligibility for this service.
- 24 Appropriations.**

Subdivision 1. Community mental health programs. Appropriates funds to the commissioner of human services to contract for training and consultation for clinical supervisors and staff of community mental health centers to improve clinical supervision to staff, strengthen compliance with federal and state rules and regulations, and to recommend strategies for standardization of administrative functions.

Subd. 2. Dual diagnosis; demonstration project. Appropriates funds to the commissioner of human services for demonstration projects under section 20.

Subd. 3. Telehealth. Appropriates funds to the commissioner of administration for televideo conferencing under section 23.