# HOUSE RESEARCH

# Bill Summary

**FILE NUMBER:** H.F. 2609 **DATE:** March 18, 2016

**Version:** First engrossment

**Authors:** Kiel and others

**Subject:** Certified community behavioral health clinics

**Analyst:** Lynn Aves

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

## Overview

This bill amends Laws 2015, chapter 71, article 2, section 16, a provision in the Health and Human Services omnibus finance bill that required the commissioner of human services to submit a proposal to the United States Department of Health and Human Services for the Excellence in Mental Health demonstration project. As a result of the submitted proposal, Minnesota was chosen to receive a federal planning grant to develop certified community behavioral health clinics. Having been chosen to receive a planning grant, Minnesota will have the opportunity to apply for a two year demonstration project.

### **Section**

1 Certified community behavioral health clinics. Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 3. Paragraph (a) establishes the certification standards for certified community behavioral health clinics (CCBHC).

Paragraph (b) allows the commissioner to certify a CCBHC that is unable to provide one of the services listed in paragraph (a) if the entity has a contract with a collaborating organization that will provide the services.

Paragraph (c) allows a CCBHC to receive payment without a county contract or approval for services. Provides that there is no county share when medical assistance pays a CCBHC for services. Requires the CCBHC's county to provide a letter of support to the commissioner in order for the CCBHC to be certified.

H.F. 2609 March 18, 2016 Version: First engrossment Page 2

### **Section**

Paragraph (d) allows the commissioner to grant variances to state licensure or certification requirements as long as the variances do not conflict with federal requirements.

Paragraph (e) requires the commissioner to issue a list of required and recommended evidence-based practices that must be used by CCBHCs.

Paragraph (f) requires the commissioner to establish a prospective payment system for medical assistance payments for services delivered by CCBHCs. Allows the commissioner to include quality bonus payments based on federal criteria and the clinic's provision of evidence-based practices. Provides that the payment system does not apply to MinnesotaCare or to services that have cost-based rates under other law. Provides that implementation of the payment system is effective July 1, 2017, or upon federal approval, whichever is later.

Paragraph (g) instructs the commissioner to seek federal approval for continued federal financial participation for payment of CCBHC services after the federal demonstration period ends for CCBHCs that were certified during the demonstration period. Provides that payment for CCBHC services shall end effective July 1, 2019, if federal financial participation cannot be obtained.

Paragraph (h) allows the commissioner to establish a limit on the number of certified clinics so that claims will not exceed funds budgeted for this purpose. Provides that preference shall be given to certain clinics.

Paragraph (i) requires the commissioner to recertify CCBHCs at least every three years. Instructs the commissioner to develop a decertification procedure.

Provides that this section is effective the day following final enactment.

**Public participation.** Amends Minnesota Statutes 2015 Supplement, § 245.735, subd. 4. Requires the commissioner to consult, collaborate, and partner with stakeholders in developing and implementing certified community behavioral health clinics.

Provides that this section is effective the day following final enactment.