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Overview

This bill specifies eligibility criteria, services, and payments for psychiatric residential treatment facilities. The 2015 Legislature authorized these services as a new MA benefit for children under age 21. This bill also authorizes the Commissioner of Human Services to provide start-up funding to support mental health providers.

Section

- 1 Establishment and authority.** Amends § 245.4889, subd. 1. Allows the commissioner to make grants for start-up funding to establish new children's mental health programs, to support providers to meet program requirements, and to begin operations. Provides an immediate effective date.
- 2 Psychiatric residential treatment facility services for persons under 21 years of age.** Amends § 256B.0625, subd. 45a. Clarifies that MA coverage of psychiatric residential treatment facility services must be provided according to section 256B.0941 (section 3), and makes conforming and technical changes.
- 3 Psychiatric residential treatment facility for persons under 21 years of age.** Adds § 256B.0941.

Subd. 1. Eligibility. (a) States that individuals eligible for mental health treatment services in a psychiatric residential treatment facility must meet all of the following criteria:

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- (1) before admission, the services are determined to be medically necessary by the state's medical review agent;
 - (2) be younger than age 21 at the time of admission, with services continuing until the individual meets discharge criteria or reaches age 22, whichever occurs first;
 - (3) has a mental health diagnosis, and clinical evidence of severe aggression or a finding that the individual is a risk to self or others;
 - (4) has a functional impairment and a history of difficulty in functioning safely and successfully, an inability to adequately care for one's physical needs, or caregiver, guardians, and family members are unable to safely fulfill the individual's needs;
 - (5) requires psychiatric residential treatment under the direction of a physician;
 - (6) utilized and exhausted other community-based mental health services, or clinical evidence indicates that these services cannot provide the needed level of care; and
 - (7) was referred to residential treatment by a qualified mental health professional.
- (b) Requires the mental health professional making a referral to submit specified documentation to the state's medical review agent, within 180 days of the individual's admission.

Subd. 2. Services. Requires psychiatric residential treatment facility services providers to offer and have the capacity to provide the following:

- (1) development of the individual plan of care, review of the plan every 30 days, and discharge planning;
- (2) any services provided by a psychiatrist or physician for purposes of the services required in clause (1);
- (3) active treatment seven days per week;
- (4) individual therapy, at least twice per week;
- (5) family engagement activities, at least once per week;
- (6) consultation with other professionals;
- (7) coordination of educational services between local and resident school districts and the facility;
- (8) 24-hour nursing; and
- (9) direct care and supervision, supportive services for daily living and safety, and positive behavior management.

Subd. 3. Per diem rate. (a) Requires the commissioner to establish a statewide per diem rate for facility services for individuals 21 year of age or younger. Specifies criteria for the rate and the reporting of costs.

- (b) Specifies rate components.
- (c) Allows a facility to submit a claim for payment outside of the per diem for professional services, and specifies related criteria.

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(d) Requires Medicaid to reimburse for concurrent services as approved by the commissioner to support continuity of care and successful discharge. Defines concurrent services and specifies related criteria.

(e) Excludes the costs of the following services from payment rates: educational services, acute medical care or specialty services for other conditions, dental services, and pharmacy drug costs.

(f) Provides a definition of “actual cost.”

Subd. 4. Leave days. Provides medical assistance coverage for therapeutic and hospital leave days, and specifies requirements for payment and payment levels.

Provides an immediate effective date.

- 4** **Exception to excluded services.** Amends § 256B.0943, subd. 13. Adds a psychiatric residential treatment facility to the list of facilities for which payment can be made under MA for children’s therapeutic services and supports. Strikes obsolete language.