

Subject Mental health services provider requirements; certification

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Overview

This bill modifies training, documentation, assessment, staffing, and supervision requirements for mental health services providers under chapter 245I and for certain covered services under medical assistance. The bill also requires the commissioner of human services to establish and implement a single certification, recertification, and decertification process for a range of mental health services covered under medical assistance and establish requirements in managed care plan contracts related to timely claim filing for behavioral health services.

Summary

Section	Description
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| 1 | Data collection and outcome measurement.
Amends § 245.4901, subd. 4. Specifies that school-linked mental health grantees must provide data to the commissioner no more than twice per year; specifies data that must be reported. |
| 2 | Initial training.
Amends § 245I.05, subd. 3. Strikes “clinical trainee” from initial training requirements for direct contact mental health services. |
| 3 | Documenting approval.
Amends § 245I.08, subd. 3. Extends time from five to 30 days for a treatment supervisor to document approval of assessments and treatment plans completed by clinical trainees or mental health practitioners. |
| 4 | Generally.
Amends § 245I.10, subd. 2. Modifies diagnostic assessment requirements by allowing an update to a client’s diagnostic assessment rather than only a new assessment, removing the annual requirement based on client need, and adding that a client can request an update or new assessment. Simplifies written update requirements. |

Section	Description
5	<p>Standard diagnostic assessment; required elements.</p> <p>Amends § 245I.10, subd. 6. Removes specified assessment instruments for child clients.</p>
6	<p>Storing and accounting for medications.</p> <p>Amends § 245I.11, subd. 3. Specifies that only residential services providers must follow a documentation procedure on each shift to account for scheduled drugs; requires nonresidential services providers to follow such a procedure once every 30 days.</p>
7	<p>Treatment supervision specified.</p> <p>Amends § 245I.20, subd. 5. Strikes paragraph (b), containing treatment supervision case review requirements for mental health professionals supervising mental health practitioners and clinical trainees.</p>
8	<p>Eligibility.</p> <p>Amends § 256B.0616, subd. 3. Makes the provision of family peer support services mandatory, if medically necessary, rather than optional, for recipients eligible for the services under medical assistance.</p>
9	<p>Mental health services provider certification.</p> <p>Proposes coding for § 256B.0617. Requires the commissioner to establish an initial provider entity application, certification process, and recertification process for the following services:</p> <ul style="list-style-type: none">▪ Assertive community treatment▪ Adult rehabilitative mental health services▪ Mobile crisis team services▪ Children’s therapeutic services and supports▪ Children’s intensive behavioral health services▪ Intensive nonresidential rehabilitative mental health services <p>Requires the commissioner to recertify a provider entity every three years; allows the commissioner to approve a recertification extension. Requires the commissioner to establish a decertification process. Requires the commissioner to provide specified information to provider entities for the certification, recertification, and decertification processes.</p> <p>Makes this section effective July 1, 2023, with implementation by September 1, 2023.</p>

Section	Description
10	<p>Assertive community treatment team staff requirements and roles.</p> <p>Amends § 256B.0622, subd. 7a. Removes requirement for an assertive community treatment team leader mental health professional who is unlicensed but eligible for licensure and otherwise qualified to obtain licensure within 24 months. Removes requirement for team leader to provide treatment supervision. Allows the team leader to delegate overall treatment supervision duties to another qualified licensed professional at any time.</p>
11	<p>Assertive community treatment program size and opportunities.</p> <p>Amends § 256B.0622, subd. 7b. Removes requirement for a minimum of 8-hour shift coverage for assertive community treatment team staff.</p>
12	<p>Assertive community treatment program organization and communication requirements.</p> <p>Amends § 256B.0622, subd. 7c. Removes minimum weekly client services for assertive community treatment teams; requires services at a frequency that meets client needs.</p>
13	<p>Provider entity standards.</p> <p>Amends § 256B.0623, subd. 4. Removes adult rehabilitative mental health services requirement for noncounty providers to obtain additional certification from each county in which services would be provided. Modifies state-level recertification requirement to every three years, instead of at least every three years.</p>
14	<p>Behavioral health home services staff qualifications.</p> <p>Amends § 256B.0757, subd. 4c. Modifies behavioral health home services integration specialist language to allow a licensed practical nurse to serve in the role.</p>
15	<p>Managed care contracts.</p> <p>Amends § 256B.69, subd. 5a. Adds paragraph (n), directing the commissioner, effective January 1, 2024, to require in a contract that all managed care use timely 12-month claim filing timelines and use remittance advice and prior authorizations timelines consistent with those used under medical assistance fee-for-service for mental health and substance use disorder treatment services. Prohibits a managed care plan under this section from taking back funds paid to a mental health and substance use disorder treatment provider after six months.</p>
16	<p>Direction to the commissioner.</p> <p>Requires the commissioner to report to the legislature by October 1, 2023, on the completed implementation of the certification, recertification, and decertification requirements established in section 256B.0617.</p>



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