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S.F. No. 3690 – Children’s therapeutic services and supports creation (as proposed to be amended by A-2 amendment)

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Section 1 [245I.40] creates a section in the Mental Health Uniform Service Standards Act for children’s therapeutic services and supports.

Subdivision 1 lists the definitions under the new section for children’s therapeutic services and supports.

Subdivision 2 allows services provided by an eligible provider entity to be covered by medical assistance, subject to federal approval, and lists out the service components for children’s therapeutic services and supports.

Subdivision 3 states the eligibility for clients to receive children’s therapeutic services and supports and that such eligibility will be determined based on a standard diagnostic assessment by a mental health professional or clinical trainee.

Subdivision 4 requires the commissioner of human services to establish a provider application and certification process, requires providers to be certified for the three core rehabilitation services, and requires the commissioner to recertify providers every three years. Also requires the commissioner to provider certain information to providers for the certification, recertification, and decertification processes.

Subdivision 5 requires a provider to have clinical infrastructure that utilizes diagnostic assessment, individual treatment plans, service delivery, and individual treat plan review in order to be an eligible provider. Also requires providers to update clinical policies and procedures every three years and provides requirements on what must be included in those policies and procedures.

Subdivision 6 allows any background studies requirement to be met through the commissioner’s NETStudy system.

Subdivision 7 requires providers to have at least one backup mental health professional in the event that the primary mental health professional is absent.

Subdivision 8 provides the qualifications for individual providers.

Subdivision 9 requires providers to meet certain service delivery criteria and requires providers to be in compliance with certain requirements in order to be eligible for medical assistance payment.

Subdivision 10 requires a provider to document the services it provides.

Subdivision 11 lists services that are not eligible for medical assistance payment as children's therapeutic services and supports.

Subdivision 12 provides exceptions to excluded services for up to 15 hours of services provided within a six-month period.

Section 2 gives a revisor's instruction to update cross-references and remove statutory cross-references to conform with the repealer in Section 3.

Section 3 repeals the previous children's therapeutic services and supports statute under the medical assistance for needy persons chapter.