

1.1 Senator ..... moves to amend S.F. No. 4151 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding  
1.4 a subdivision to read:

1.5 Subd. 3a. **Definitions.** (a) For the purposes of this section, the terms in this subdivision  
1.6 and under section 245I.02 apply to community behavioral health clinics (CCBHCs) and  
1.7 have the meanings given.

1.8 (b) "Care coordination" means the activities required to coordinate care across settings  
1.9 and providers to ensure seamless transitions across the full spectrum of health services.  
1.10 Care coordination includes outreach and engagement; documenting a plan of care for medical,  
1.11 behavioral health and social services, and supports in the integrated treatment plan; assisting  
1.12 with obtaining appointments; confirming appointments are kept; developing a crisis plan;  
1.13 tracking medication; and implementing care coordination agreements with external providers.  
1.14 Care coordination may include psychiatric consultation to primary care practitioners and  
1.15 mental health clinical care consultation.

1.16 (c) "Comprehensive evaluation" means a person-centered, family-centered, and  
1.17 trauma-informed evaluation for the purposes of diagnosis and treatment planning that is  
1.18 completed within 60 days of intake by a licensed mental health professional as defined in  
1.19 section 245I.04, subdivision 2. A comprehensive evaluation must meet the requirements  
1.20 established in section 245I.10, subdivision 6.

1.21 (d) "Culturally and linguistically trained" means staff that have received training on how  
1.22 to identify a client's cultural and linguistic needs and how to meet those needs.

1.23 (e) "Cure period" means the period of 60 calendar days from the date a written notice  
1.24 of deficiency is sent to a prospective or recertifying CCBHC.

1.25 (f) "Designated collaborating organization" means an entity with a formal agreement  
1.26 with a CCBHC to furnish CCBHC services. Designated collaborating organizations  
1.27 furnishing services under an agreement with CCBHCs must meet all standards established  
1.28 in this section for the service being provided. CCBHCs maintain responsibility for care  
1.29 coordination and are clinically responsible for services provided by a designated collaborating  
1.30 organization.

1.31 (g) "Initial evaluation" means an evaluation provided to a client based on identified crisis  
1.32 or urgent behavioral health needs that are identified in the preliminary screening and risk  
1.33 assessment. If a client is assessed to have an urgent or crisis behavioral health need, the

2.1 initial evaluation must be completed within one business day of intake. For all other new  
2.2 clients, an initial evaluation is required within ten business days of intake. An initial  
2.3 evaluation must be completed by a mental health professional and include the following  
2.4 components:

2.5 (1) preliminary diagnoses;

2.6 (2) the source of referral;

2.7 (3) the reason for seeking care, as stated by the client or other individuals who are  
2.8 significantly involved;

2.9 (4) identification of the client's immediate clinical care needs related to the diagnosis  
2.10 for mental and substance use disorders;

2.11 (5) a list of current prescriptions and over-the-counter medications, as well as other  
2.12 substances the client may be taking;

2.13 (6) an assessment of whether the client is a risk to themselves or to others, including  
2.14 suicide risk factors;

2.15 (7) an assessment of whether the client has other concerns for their safety;

2.16 (8) assessment of the need for medical care, with referral and follow-up as required; and

2.17 (9) a determination of whether the client presently is or ever has been a member of the  
2.18 United States Armed Services.

2.19 (h) "Integrated treatment plan" means a plan of care that, based on the client's goals,  
2.20 guides, treatment, and interventions, documents the coordination of medical, psychosocial,  
2.21 emotional, therapeutic, and support needs of the client in a manner consistent with the  
2.22 client's cultural and linguistic needs. The integrated treatment plan must be developed using  
2.23 a person- and family-centered planning process that includes the client, any family or  
2.24 client-identified natural supports, CCBHC service providers, and care coordination staff.  
2.25 An integrated treatment plan must be updated at least every six months, or earlier based on  
2.26 changes in the client's circumstances.

2.27 (i) "Outpatient withdrawal management" means a time-limited service delivered in an  
2.28 office setting, an outpatient behavioral health clinic, or in a client's home, by staff providing  
2.29 medically-supervised evaluation and detoxification services in order to achieve safe and  
2.30 comfortable withdrawal from substances and facilitate transition into ongoing treatment  
2.31 and recovery. Services may include assessment, withdrawal management, planning,

3.1 medication prescribing and management, trained observation of withdrawal symptoms, and  
3.2 supportive services to encourage a client's recovery.

3.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
3.4 whichever is later. The commissioner of human services shall notify the revisor of statutes  
3.5 when federal approval is obtained.

3.6 Sec. 2. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
3.7 subdivision to read:

3.8 Subd. 7. **Purpose and establishment.** The CCBHC model is an integrated payment and  
3.9 service delivery model that uses evidence-based behavioral health practices to achieve better  
3.10 outcomes for consumers diagnosed with behavioral health disorders while achieving  
3.11 sustainable rates for providers and economic efficiencies for payors.

3.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
3.13 whichever is later. The commissioner of human services shall notify the revisor of statutes  
3.14 when federal approval is obtained.

3.15 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
3.16 subdivision to read:

3.17 Subd. 8. **Unitary certification process.** By January 1, 2023, the commissioner must  
3.18 establish and conduct a unitary certification process for provider organizations seeking  
3.19 initial certification, and a unitary recertification process for existing CCBHCs. The  
3.20 commissioner shall consult with CCBHC stakeholders as defined under subdivision 10  
3.21 before establishing and implementing changes in the certification and recertification process  
3.22 and the requirements. For the unitary certification process, the commissioner must:

3.23 (1) evaluate whether the prospective or recertifying CCBHC meets all certification  
3.24 requirements in this section;

3.25 (2) evaluate whether the prospective and recertifying CCBHC meets the certification  
3.26 requirements for all required services listed in subdivision 14 of this section without requiring  
3.27 the CCBHC to obtain separate certification and licensure for the required services; and

3.28 (3) schedule a review period that includes a site visit or virtual site visit conducted using  
3.29 two-way video conferencing technology within 90 calendar days of receipt of an application  
3.30 for certification or recertification.

4.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
4.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
4.3 when federal approval is obtained.

4.4 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
4.5 subdivision to read:

4.6 **Subd. 9. Notice and opportunity to cure.** If the commissioner finds that a prospective  
4.7 or recertifying CCBHC does not meet the certification requirements in this section, the  
4.8 commissioner must provide the prospective or recertifying CCBHC with the following:

4.9 (1) written notice of any deficiency and the specific actions required of the provider  
4.10 entity to meet CCBHC certification requirements provided within 30 calendar days of the  
4.11 site visit or virtual site visit under subdivision 8, clause (3);

4.12 (2) 60 calendar days to cure the deficiency; and

4.13 (3) a final decision on the corrected application for certification or recertification within  
4.14 30 calendar days of the end of the cure period.

4.15 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
4.16 whichever is later. The commissioner of human services shall notify the revisor of statutes  
4.17 when federal approval is obtained.

4.18 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
4.19 subdivision to read:

4.20 **Subd. 10. Transition of CCBHC to licensed program.** (a) By January 1, 2025, the  
4.21 commissioner must transition CCBHCs from a certified program under chapter 245 to a  
4.22 licensed program under chapter 245A.

4.23 (b) The commissioner must establish a formal process to solicit stakeholder input on  
4.24 how to transition CCBHCs to a licensed program under paragraph (a). The formal process  
4.25 must include an opportunity for CCBHC stakeholders to review the department's transition  
4.26 plan and provide feedback to the department for consideration no later than July 1, 2024.

4.27 For purposes of this section, CCBHC stakeholders include consumers of behavioral health  
4.28 services, their family members, or other formal or informal supports, current CCBHCs,  
4.29 licensed mental health and substance use disorder providers, and community mental health  
4.30 and mental health advocacy organizations.

5.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
5.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
5.3 when federal approval is obtained.

5.4 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
5.5 subdivision to read:

5.6 Subd. 11. **Organizational structure.** (a) CCBHCs must directly provide all services  
5.7 listed in subdivision 14 or may contract with another entity that has the required authority  
5.8 to provide the services and that meets the following criteria as a designated collaborating  
5.9 organization:

5.10 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the  
5.11 services listed under subdivision 14;

5.12 (2) the entity provides assurances that it will provide services according to CCBHC  
5.13 service standards and provider requirements;

5.14 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
5.15 and financial responsibility for the services that the entity provides under the agreement;  
5.16 and

5.17 (4) the entity meets any additional requirements issued by the commissioner.

5.18 (b) A clinic that meets the licensure requirements for a CCBHC in this section is not  
5.19 subject to any state law or rule that requires a county contract or other form of county  
5.20 approval as a condition for licensure or enrollment as a medical assistance provider.

5.21 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
5.22 whichever is later. The commissioner of human services shall notify the revisor of statutes  
5.23 when federal approval is obtained.

5.24 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
5.25 subdivision to read:

5.26 Subd. 12. **Minimum staffing standards.** A CCBHC must employ or contract for clinic  
5.27 staff who have backgrounds in diverse disciplines, which includes licensed mental health  
5.28 professionals and licensed alcohol and drug counselors, staff who are culturally and  
5.29 linguistically trained to meet the needs of the population the clinic serves, and staff who  
5.30 are trained to make accommodations to meet the needs of clients with disabilities. Staff  
5.31 providing behavioral health services or supports must comply with state licensing

6.1 requirements and other requirements issued by the commissioner in accordance with  
6.2 requirements under the medical assistance state plan.

6.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
6.4 whichever is later. The commissioner of human services shall notify the revisor of statutes  
6.5 when federal approval is obtained.

6.6 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
6.7 subdivision to read:

6.8 Subd. 13. **Accessibility and availability of services.** A CCBHC must ensure that clinic  
6.9 services are available and accessible to individuals and families of all ages and genders and  
6.10 that crisis management services are available 24 hours per day. A CCBHC must establish  
6.11 fees for clinic services for individuals who are not enrolled in medical assistance using a  
6.12 sliding fee scale that ensures services to clients are not denied or limited due to an individual's  
6.13 inability to pay for services.

6.14 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
6.15 whichever is later. The commissioner of human services shall notify the revisor of statutes  
6.16 when federal approval is obtained.

6.17 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.735, is amended by adding a  
6.18 subdivision to read:

6.19 Subd. 14. **Required services.** (a) A CCBHC must provide crisis mental health and  
6.20 substance use services, withdrawal management services, emergency crisis intervention  
6.21 services, and stabilization services through existing:

6.22 (1) mobile crisis services;

6.23 (2) screening;

6.24 (3) assessment;

6.25 (4) diagnosis services, including risk assessments and level of care determination;

6.26 (5) person- and family-centered treatment planning;

6.27 (6) outpatient mental health and substance use services;

6.28 (7) targeted case management;

6.29 (8) psychiatric rehabilitation services;

6.30 (9) peer support and counselor services and family support services; and

7.1 (10) intensive community-based mental health services, including mental health services  
7.2 for members of the armed forces and veterans.

7.3 (b) A CCBHC must directly provide the majority of the services under paragraph (a) to  
7.4 its clients, or it may coordinate the delivery of some of the services required under paragraph  
7.5 (a) with a designated collaborating organization.

7.6 (c) A CCBHC must provide coordination of care across settings and providers to ensure  
7.7 seamless transitions for individuals being served across the full spectrum of health services,  
7.8 including acute, chronic, and behavioral needs.

7.9 (d) Certification as a CCBHC requires the provider to meet the definitions and timelines  
7.10 in this section. The definitions and timelines for screening and risk assessment, initial  
7.11 evaluation, comprehensive evaluation, and an integrated treatment plan under this section  
7.12 supersede requirements for diagnostic assessment and integrated treatment plans that apply  
7.13 to the required services for a CCBHC established under paragraph (a), and clauses (1) to  
7.14 (8) of this paragraph. The division of the Department of Human Services responsible for  
7.15 certification must determine that in addition to meeting the requirements for screening and  
7.16 risk assessment, initial evaluation, comprehensive evaluation, and integrated treatment plan  
7.17 under this section, a prospective CCBHC must also be found to:

7.18 (1) meet the requirements for mental health clinics under section 245I.20;

7.19 (2) meet the substance use disorder treatment standards under chapter 245G;

7.20 (3) meet the children's therapeutic services and supports standards under section  
7.21 256B.0943;

7.22 (4) meet all the adult rehabilitative mental health services standards under section  
7.23 256B.0623;

7.24 (5) meet the requirements for mental health crisis response services under sections  
7.25 256B.0624 and 256B.0944;

7.26 (6) provide mental health targeted case management under section 256B.0625, subdivision  
7.27 20; and

7.28 (8) meet the standards relating to peer services under sections 256B.0615, 256B.0616,  
7.29 and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer services are  
7.30 provided.

8.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,  
8.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
8.3 when federal approval is obtained.

8.4 Sec. 10. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 5m, is  
8.5 amended to read:

8.6 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical  
8.7 assistance covers services provided by a nonprofit certified community behavioral health  
8.8 clinic (CCBHC) services that meet the requirements of section 245.735, subdivision 3 that  
8.9 is certified by the commissioner under section 245.735, or a part of a local government  
8.10 behavioral health authority or operated under the authority of the Indian Health Service, an  
8.11 Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement,  
8.12 or compact with the Indian Health Service pursuant to the Indian Self Determination Act,  
8.13 or an urban Indian organization pursuant to a grant or contract with the Indian Health Service  
8.14 under Title V of the Indian Health Care Improvement Act.

8.15 (b) The commissioner shall reimburse CCBHCs on a per-visit per-day basis ~~under the~~  
8.16 ~~prospective payment~~ for each day in which an eligible service is delivered using the CCBHC  
8.17 daily bundled rate system for medical assistance payments as described in paragraph (c).  
8.18 The commissioner shall include a quality incentive payment in the ~~prospective payment~~  
8.19 CCBHC daily bundled rate system as described in paragraph (e). There is no county share  
8.20 for medical assistance services when reimbursed through the CCBHC prospective payment  
8.21 system.

8.22 (c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled  
8.23 rate system for CCBHC payments under medical assistance meets the following requirements:

8.24 (1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate  
8.25 calculated for each CCBHC, based on the daily cost of providing CCBHC services and the  
8.26 total annual allowable costs for CCBHCs divided by the total annual number of CCBHC  
8.27 visits. For calculating the payment rate, total annual visits include visits covered by medical  
8.28 assistance and visits not covered by medical assistance. Allowable costs include but are not  
8.29 limited to the salaries and benefits of medical assistance providers; the cost of CCBHC  
8.30 services provided under section 245.735, subdivision 3 14, paragraph (a), ~~clauses (6) and~~  
8.31 ~~(7)~~; and other costs such as insurance or supplies needed to provide CCBHC services;

8.32 (2) payment shall be limited to one payment per day per medical assistance enrollee ~~for~~  
8.33 ~~each~~ when an eligible CCBHC visit eligible for reimbursement service is provided. A  
8.34 CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed

9.1 under section 245.735, subdivision ~~3~~ 14, paragraph (a), ~~clause (6)~~, is furnished to a medical  
9.2 assistance enrollee by a health care practitioner or licensed agency employed by or under  
9.3 contract with a CCBHC entity;

9.4 (3) ~~new payment~~ initial CCBHC daily bundled rates set by the commissioner for newly  
9.5 certified CCBHCs under section 245.735, ~~subdivision 3~~, shall be ~~based on rates for~~  
9.6 ~~established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the~~  
9.7 ~~commissioner shall establish a clinic-specific rate using audited historical cost report data~~  
9.8 ~~adjusted for the estimated cost of delivering CCBHC services, including the estimated cost~~  
9.9 ~~of providing the full scope of services and the projected change in visits resulting from the~~  
9.10 ~~change in scope~~ established by the commissioner using a provider-specific rate based on  
9.11 the newly certified CCBHC's audited historical cost report data adjusted for the expected  
9.12 cost of delivering CCBHC services. Estimates are subject to review by the commissioner  
9.13 and must include the expected cost of providing the full scope of CCBHC services and the  
9.14 expected number of visits for the rate period;

9.15 (4) the commissioner shall rebase CCBHC rates once every three years following the  
9.16 last rebasing and no less than 12 months following an initial rate or a rate change due to a  
9.17 change in the scope of services;

9.18 (5) the commissioner shall provide for a 60-day appeals process after notice of the results  
9.19 of the rebasing;

9.20 (6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply  
9.21 to services rendered by CCBHCs to individuals who are dually eligible for Medicare and  
9.22 medical assistance when Medicare is the primary payer for the service. An entity that receives  
9.23 a prospective payment system rate that overlaps with the CCBHC rate is not eligible for the  
9.24 CCBHC rate;

9.25 (7) payments for CCBHC services to individuals enrolled in managed care shall be  
9.26 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall  
9.27 complete the phase-out of CCBHC wrap payments within 60 days of the implementation  
9.28 of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management  
9.29 Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final  
9.30 settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

9.31 (8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated  
9.32 by trending each provider-specific rate by the Medicare Economic Index for primary care  
9.33 services. This update shall occur each year in between rebasing periods determined by the

10.1 commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits  
10.2 to the state annually using the CCBHC cost report established by the commissioner; and

10.3 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of  
10.4 services when such changes are expected to result in an adjustment to the CCBHC payment  
10.5 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information  
10.6 regarding the changes in the scope of services, including the estimated cost of providing  
10.7 the new or modified services and any projected increase or decrease in the number of visits  
10.8 resulting from the change. Estimates are subject to review by the commissioner. Rate  
10.9 adjustments for changes in scope shall occur no more than once per year in between rebasing  
10.10 periods per CCBHC and are effective on the date of the annual CCBHC rate update.

10.11 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC  
10.12 providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall  
10.13 monitor the effect of this requirement on the rate of access to the services delivered by  
10.14 CCBHC providers. If, for any contract year, federal approval is not received for this  
10.15 paragraph, the commissioner must adjust the capitation rates paid to managed care plans  
10.16 and county-based purchasing plans for that contract year to reflect the removal of this  
10.17 provision. Contracts between managed care plans and county-based purchasing plans and  
10.18 providers to whom this paragraph applies must allow recovery of payments from those  
10.19 providers if capitation rates are adjusted in accordance with this paragraph. Payment  
10.20 recoveries must not exceed the amount equal to any increase in rates that results from this  
10.21 provision. This paragraph expires if federal approval is not received for this paragraph at  
10.22 any time.

10.23 (e) The commissioner shall implement a quality incentive payment program for CCBHCs  
10.24 that meets the following requirements:

10.25 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric  
10.26 thresholds for performance metrics established by the commissioner, in addition to payments  
10.27 for which the CCBHC is eligible under the ~~prospective payment~~ CCBHC daily bundled  
10.28 rate system described in paragraph (c);

10.29 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement  
10.30 year to be eligible for incentive payments;

10.31 (3) each CCBHC shall receive written notice of the criteria that must be met in order to  
10.32 receive quality incentive payments at least 90 days prior to the measurement year; and

10.33 (4) a CCBHC must provide the commissioner with data needed to determine incentive  
10.34 payment eligibility within six months following the measurement year. The commissioner

11.1 shall notify CCBHC providers of their performance on the required measures and the  
11.2 incentive payment amount within 12 months following the measurement year.

11.3 (f) All claims to managed care plans for CCBHC services as provided under this section  
11.4 shall be submitted directly to, and paid by, the commissioner on the dates specified no later  
11.5 than January 1 of the following calendar year, if:

11.6 (1) one or more managed care plans does not comply with the federal requirement for  
11.7 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,  
11.8 section 447.45(b), and the managed care plan does not resolve the payment issue within 30  
11.9 days of noncompliance; and

11.10 (2) the total amount of clean claims not paid in accordance with federal requirements  
11.11 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims  
11.12 eligible for payment by managed care plans.

11.13 If the conditions in this paragraph are met between January 1 and June 30 of a calendar  
11.14 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of  
11.15 the following year. If the conditions in this paragraph are met between July 1 and December  
11.16 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning  
11.17 on July 1 of the following year.

11.18 **Sec. 11. REVISOR INSTRUCTION.**

11.19 The revisor of statutes shall make necessary cross-reference changes and remove statutory  
11.20 cross-references in Minnesota Statutes to conform with the repealer in this act. The revisor  
11.21 may make technical and other necessary changes to language and sentence structure to  
11.22 preserve the meaning of the text.

11.23 **Sec. 12. REPEALER.**

11.24 Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is repealed."

11.25 Amend the title accordingly