

1.1 Senator moves to amend S.F. No. 1615 as follows:

1.2 Page 1, line 20, strike "persons" and insert "any person" and delete "and" and insert "or"

1.3 Page 1, line 21, strike "are" and insert "is"

1.4 Page 2, delete lines 1 to 3 and insert:

1.5 "EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal
1.6 approval, whichever is later. The commissioner of human services shall inform the revisor
1.7 of statutes when federal approval is obtained."

1.8 Page 3, line 6, delete the comma and insert "and" and delete ", and"

1.9 Page 3, line 7, delete "residential crisis services," and after "additional" insert "direct
1.10 care" and delete "and"

1.11 Page 3, line 8, delete "and residential crisis services"

1.12 Page 3, line 16, strike "and"

1.13 Page 3, line 17, strike the period and insert "; and"

1.14 Page 3, after line 17, insert:

1.15 "(6) an annual rate adjustment effective for services rendered on or after January 1 that
1.16 reflects the change in the Medicare Economic Index for the calendar year in which the
1.17 service was rendered."

1.18 Page 4, line 3, after the period, insert "For existing providers, the commissioner must
1.19 reconcile the provider's reimbursements to the provider's actual costs from at least the prior
1.20 12 months when adjusting the provider's rate for estimated costs."

1.21 Page 4, line 4, after the period, insert "For new providers, the commissioner must
1.22 reconcile the provider's reimbursements to no less than 12 months of the provider's actual
1.23 first-year costs when establishing rates for a new program."

1.24 Page 4, after line 15, insert:

1.25 "EFFECTIVE DATE. This section is effective January 1, 2024, or upon federal
1.26 approval, whichever is later. The commissioner of human services shall inform the revisor
1.27 of statutes when federal approval is obtained."

1.28 Page 4, before line 16, insert:

2.1 "Sec. 3. Minnesota Statutes 2022, section 256B.0624, subdivision 7, is amended to read:

2.2 Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided

2.3 by qualified staff of a crisis stabilization services provider entity and must meet the following

2.4 standards:

2.5 (1) a crisis treatment plan must be developed that meets the criteria in subdivision 11;

2.6 (2) staff must be qualified as defined in subdivision 8;

2.7 (3) crisis stabilization services must be delivered according to the crisis treatment plan

2.8 and include face-to-face contact with the recipient by qualified staff for further assessment,

2.9 help with referrals, updating of the crisis treatment plan, skills training, and collaboration

2.10 with other service providers in the community; and

2.11 (4) if a provider delivers crisis stabilization services while the recipient is absent, the

2.12 provider must document the reason for delivering services while the recipient is absent.

2.13 (b) If crisis stabilization services are provided in a supervised, licensed residential setting

2.14 that serves no more than four adult residents, and one or more individuals are present at the

2.15 setting to receive residential crisis stabilization, the residential staff must include, for at

2.16 least eight hours per day, at least one mental health professional, clinical trainee, certified

2.17 rehabilitation specialist, or mental health practitioner. The commissioner shall establish a

2.18 statewide per diem rate for crisis stabilization services provided under this paragraph to

2.19 medical assistance enrollees. The rate for a provider shall not exceed the rate charged by

2.20 that provider for the same service to other payers. Payment shall not be made to more than

2.21 one entity for each individual for services provided under this paragraph on a given day.

2.22 The commissioner shall set rates prospectively for the annual rate period. The commissioner

2.23 shall require providers to submit annual cost reports on a uniform cost reporting form and

2.24 shall use submitted cost reports to inform the rate-setting process. The commissioner shall

2.25 recalculate the statewide per diem every year.

2.26 (c) For crisis stabilization services provided in a supervised, licensed residential setting

2.27 that serves more than four adult residents, the commissioner must set prospective rates for

2.28 the annual rate period using the same methodology described under section 256B.0622,

2.29 subdivision 8, for intensive residential treatment services.

2.30 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,

2.31 whichever is later. The commissioner of human services shall inform the revisor of statutes

2.32 when federal approval is obtained."

3.1 Page 4, line 20, delete everything after the period and insert "The rate must be no less
3.2 than \$350 per member per month. The commissioner must adjust the statewide
3.3 reimbursement rate annually by the Medicare Economic Index. The commissioner must
3.4 review and update the behavioral health home service rate no less than every four years. In
3.5 the update, the commissioner must review the average hours required behavioral health
3.6 home team members spent providing services and the Department of Labor prevailing wage
3.7 for required behavioral health home team members and ensure that behavioral health home
3.8 services rates are sufficient to allow providers to meet required certifications, training, and
3.9 practice transformation standards, staff qualification requirements, and service delivery
3.10 standards"

3.11 Page 4, delete lines 21 to 24

3.12 Page 4, line 25, delete everything before the period

3.13 Page 4, after line 25, insert:

3.14 "**EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal
3.15 approval, whichever is later. The commissioner of human services shall inform the revisor
3.16 of statutes when federal approval is obtained."

3.17 Page 5, line 26, after "additional" insert "direct care"

3.18 Page 6, after line 22, insert:

3.19 "(h) For existing providers, the commissioner must reconcile the provider's
3.20 reimbursements to the provider's actual costs from at least the prior 12 months when adjusting
3.21 the provider's rate for estimated costs. For new providers, the commissioner must reconcile
3.22 the provider's reimbursements to no less than 12 months of the provider's actual first-year
3.23 costs when establishing rates for a new program.

3.24 "**EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
3.25 whichever is later. The commissioner of human services shall inform the revisor of statutes
3.26 when federal approval is obtained."

3.27 Page 7, line 10, after "additional" insert "direct care"

3.28 Page 7, after line 13, insert:

3.29 "(e) For existing providers, the commissioner must reconcile the provider's
3.30 reimbursements to the provider's actual costs from at least the prior 12 months when adjusting
3.31 the provider's rate for estimated costs. For new providers, the commissioner must reconcile

4.1 the provider's reimbursements to no less than 12 months of the provider's actual first-year
4.2 costs when establishing rates for a new program.

4.3 (f) The commissioner must annually adjust the daily encounter rates under this subdivision
4.4 to reflect the change in the Medicare Economic Index for the year in which the encounter
4.5 occurred.

4.6 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
4.7 whichever is later. The commissioner of human services shall inform the revisor of statutes
4.8 when federal approval is obtained."

4.9 Renumber the sections in sequence and correct the internal references

4.10 Amend the title accordingly