

Solving the children’s mental health crisis begins with

2024 investment in mental health rates

access

Children and families lack access to mental health care — because Medicaid pays for the majority of our children’s mental health services, and there is a 40% gap between the cost of delivering care and Medicaid reimbursement rates. This is unsustainable.

Access to care is decreasing, with waiting lists averaging statewide at:



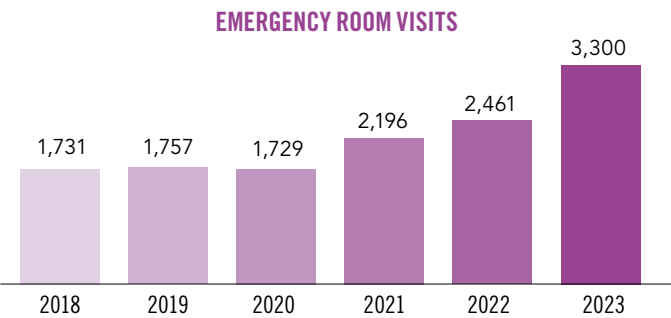
Children are experiencing preventable mental health crises — while waiting for care, symptoms get worse and families are thrown into crisis trying to help their children.

capacity

Capacity is shrinking: Mental health providers recently reported shrinking current services, closing services or considering closing services in 2024. All due to inadequate rates.



Children are boarding in hospitals, juvenile detention and with counties — being held for their safety and without the treatment they need and deserve. Since 2018, Children’s Minnesota has seen an almost 100% increase in emergency room visits for mental health needs.



staffing

Staffing crisis: Salaries are dramatically increasing and reimbursement rates have stayed flat. This makes staff recruitment, retention, training and support impossible.

Since 2018, salaries have increased by:



The solution is fixing mental health rates —

- For timely access and early intervention services.
- To provide healing treatment.
- For success in school and community life.
- To prevent today's reliance on crisis care in hospitals, juvenile detention and other emergency services.

The DHS 2024 [Outpatient Services Rate Study](#) provides a framework for the Medicaid mental health rate structure that is needed now and into the future.

Children and families cannot wait another year for a solution — rate increases are crucial to sustaining what we have and preventing further loss in access to care.

The proposed legislation does the following:

- **Section 1. Increase SUD residential rates.**
- Sections 2 and 7. Increase inpatient mental health rates.
- **Section 3. Streamline and increase the Behavioral Health Home rate.**
- **Sections 4 and 5. Set RBRVS rates equal to 100% Medicare Physician Fee Schedule** with 10% bonuses for services in professional shortage and medically underserved areas.
- **Section 6. Increase HCPCS rates and benchmark using market-based costs.**
- Section 8. Eliminate current 20% rate cut for services provided by master-level educated providers.

The bolded proposals are aligned with the DHS Rates Study. Unbolded are additional proposals from mental health providers.

Terms:

- RBRVS – Resource-Based Relative Value Scale. Codes for community-based physical and mental health services including outpatient services such as psychotherapy. These services are also reimbursed under Medicare.
- HCPCS – Healthcare Common Procedure Coding System. HCPCS codes are for Minnesota developed services like in-home family supports such as Children's Therapeutic Support Services. These rates do not have a Medicare comparison.
- Behavioral Health Home – A MA service that coordinates care and addresses social determinants of health risk factors alongside mental and physical health symptoms.

Media coverage:

- [Kids are suffering, and we're not doing enough to help](#) (Minnesota Reformer)
- [Minnesota addiction treatment centers closing, despite high demand](#) (startribune.com)
- [Mental health, and caregivers, are in crisis](#) (startribune.com)
- [Study proposes reimbursement rate fix for Minnesota's broken mental health system](#) (startribune.com)
- [Patient Discharge Delays Cost Minnesota Hospitals Nearly Half a Billion Dollars in 2023](#) (mnhospitals.org)

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