SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 1321

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DATE	D-PG	OFFICIAL STATUS
02/22/2021	491	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/08/2021	735	Authors added Hoffman; Abeler
	742a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy

A bill for an act

relating to human services; establishing intensive in-home children's mental health stabilization and support services; permitting intensive treatment in foster care service delivery across more than three days per week; requiring the commissioner of human services to establish a weekly per-client encounter rate for intensive treatment in foster care services; instructing the commissioner to identify existing and emerging federal matching funds for intensive children's mental health services and supports; amending Minnesota Statutes 2020, section 256B.0946, subdivisions 4, 7; proposing coding for new law in Minnesota Statutes, chapter 256B.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[256B.0942] INTENSIVE IN-HOME CHILDREN'S MENTAL HEALTH STABILIZATION AND SUPPORT SERVICES.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Clinical care consultation and coordination" means communication from a treating clinician to other providers working with the same client to inform, inquire, and instruct regarding the client's symptoms, strategies for effective client and family engagement, care and intervention needs, and treatment expectations across service settings and to direct and coordinate clinical service components provided to the client and family.

(c) "Clinical coordinator" means an individual who builds and sustains relationships with a client and family and is responsible for supporting and coordinating the implementation of the client's individual treatment plan, in cooperation with the client's intensive service team. A client's county case manager may serve as the client's clinical coordinator.

(d) "Clinical supervision" means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. Clinical supervision includes the documented oversight and supervision responsibility for planning, implementing, and evaluating services for a client's mental health treatment.

(e) "Clinical supervisor" means the mental health professional who is responsible for clinical supervision.

(f) "Clinical trainee" has the meaning given in Minnesota Rules, part 9505.0371, subpart 5, item C.

(g) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a, including the development of a plan that addresses prevention and intervention strategies to be used in a potential crisis. Crisis assistance does not include actual crisis intervention.

(h) "Culturally appropriate" means providing mental health services in a manner that incorporates the child's cultural influences, as defined in Minnesota Rules, part 9505.0370, subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural strengths and resources to promote overall wellness.

(i) "Diagnostic assessment" has the meaning given in Minnesota Rules, part 9505.0370, subpart 11.

(j) "Family" means a person who is identified by the client or the client's parent or guardian as being important to the client's mental health treatment. Family may include but is not limited to parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, or persons who are presently residing together as a family unit.

(k) "Family peer specialist" means a staff person qualified under section 256B.0616.

(l) "Homemaking assistance services" means services that assist a family with general cleaning and household management activities.

(m) "Individual treatment plan" has the meaning given in Minnesota Rules, part 9505.0370, subpart 15.

(n) "Intensive service team" means all mental health professionals and other service providers working with the client, the clinical coordinator, and the client's family. The intensive service team may also include an individualized education program case manager, probation agent, or children's mental health case manager.

(o) "Mental health professional" has the meaning given in section 245.4871, subdivision 27.

(p) "Mental illness" has the meaning given in Minnesota Rules, part 9505.0370, subpart 20.

(q) "Parent" has the meaning given in section 245.4871, subdivision 30.

(r) "Psychoeducation services" means information or demonstrations provided to an individual, family, or group to explain, educate, and support the individual, family, or group in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, out-of-home placement, or the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

(s) "Psychotherapy" has the meaning given in Minnesota Rules, part 9505.0370, subpart 27.

(t) "Respite care" has the meaning given in section 245.492, subdivision 17.

(u) "Team consultation and treatment planning" means the coordination of treatment plans and consultation among the intensive service team in a group concerning the treatment needs of the child, including disseminating the child's treatment service schedule to all members of the intensive service team.

Subd. 2. **Required covered service components.** (a) Subject to federal approval, medical assistance covers medically necessary intensive in-home children's mental health stabilization and support services described in paragraph (b) that an eligible provider entity under subdivision 4 provides to an eligible client, as defined in subdivision 3, when the services are provided by an entity meeting the standards in this section.

(b) Intensive in-home children's mental health stabilization and support services reimbursed by medical assistance must include the following, as needed by the individual client:

(1) psychotherapy provided by a mental health professional or a clinical trainee under clinical supervision;

(2) individual, family, and group psychoeducation services;

(3) clinical care consultation and coordination;

(4) crisis assistance provided according to standards for children's therapeutic services and supports in section 256B.0943;

(5) family respite care;

(6) family peer specialist services;

(7) homemaking assistance services;

(8) transportation costs related to the provision of necessary services; and

(9) on-call, after-hours client support services.

Subd. 3. **Client eligibility.** (a) An eligible client is an individual, from birth through age 20, who is currently living in the client's home and has received a diagnostic assessment and an evaluation of level of care needed, as defined in paragraphs (b) and (c).

(b) The diagnostic assessment must:

(1) meet the criteria described in Minnesota Rules, part 9505.0372, subpart 1, and be conducted by a mental health professional or a clinical trainee;

(2) determine whether a child meets the criteria for mental illness;

(3) document that intensive in-home mental health stabilization and support services are necessary to ameliorate identified symptoms and functional impairments and prevent out-of-home placement;

(4) be performed within 180 days before the start of service; and

(5) be completed as either a standard or extended diagnostic assessment annually to determine continued eligibility for the service.

(c) The evaluation of level of care must be conducted by the placing county, tribe, or case manager in conjunction with the diagnostic assessment as described by Minnesota Rules, part 9505.0372, subpart 1, item B, using a validated tool approved by the commissioner of human services and not subject to the rulemaking process, consistent with section 245.4885, subdivision 1, paragraph (d), the result of which demonstrates that the child requires intensive intervention without 24-hour medical monitoring. The commissioner shall update the list of approved validated tools annually and publish the list on the department's website.

Subd. 4. **Eligible providers.** (a) Eligible providers for intensive in-home children's mental health stabilization and support services must be licensed or certified by the state and have a service provision contract with the commissioner to provide intensive in-home children's mental health stabilization and support services. Eligible providers must be able to demonstrate the ability to provide all the services required in this section.

(b) For purposes of this section, an eligible provider must be:

(1) a county-operated entity certified by the state;

(2) an Indian Health Services provider operated by a tribe or tribal organization under funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

(3) a noncounty entity.

(c) The commissioner shall develop performance evaluation criteria for eligible providers and may require applicants and eligible providers to submit documentation as needed to allow the commissioner to determine whether the criteria are met.

(d) Certified providers that do not meet the service delivery standards required in this section shall be subject to a decertification process.

Subd. 5. **Service delivery payment requirements.** (a) To be eligible for payment under this section an eligible provider must develop and practice written policies and procedures for intensive in-home children's mental health stabilization and support services, consistent with subdivision 2, paragraph (b), and comply with the requirements in paragraphs (b) to (m).

(b) A qualified clinical supervisor must supervise the treatment and provision of services described in this section.

(c) Each client receiving services under this section must receive an extended diagnostic assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30 days of enrollment in this service unless the client has a previous extended diagnostic assessment that the client, parent, and mental health professional agree still accurately describes the client's current mental health functioning.

(d) Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible client has received. This information must be reviewed and incorporated into the diagnostic assessment and team consultation and treatment planning review process.

(e) Each client receiving services must be assessed for a trauma history, and the client's individual treatment plan must document how the results of the assessment will be incorporated into treatment.

(f) Each client receiving services must have an individual treatment plan that is reviewed, evaluated, and signed every 90 days using the team consultation and treatment planning process.

(g) Care consultation and coordination must be provided in accordance with the client's individual treatment plan.

(h) Each client must have a crisis assistance plan within ten days of initiating services and must have access to after-hours, on-call clinical support during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team.

(i) Services must be documented in compliance with Minnesota Rules, parts 9505.2175 and 9505.2197.

(j) Location of service delivery must be in the client's home, day care setting, school, or other community-based setting that is specified on the client's individualized treatment plan.

(k) Treatment must be developmentally and culturally appropriate for the client.

(l) Services must be delivered in continual collaboration and consultation with the client's family and medical providers and, in particular, with prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the intensive service team must be aware of the medication regimen and potential side effects.

(m) Transition planning for the child must be conducted starting with the first individual treatment plan and must be addressed throughout the provision of services to support the child's postdischarge mental health service needs.

Subd. 6. **Medical assistance payment and rate setting.** The commissioner shall establish a single weekly per-client encounter rate for intensive in-home children's mental health stabilization and support services. The rate must be constructed to cover only eligible services delivered to an eligible client by an eligible provider, as prescribed in subdivision 2, paragraph (b), and must include all services, supports, and related activities, and intensive service team member travel time and mileage to provide services under this section.

Subd. 7. **Excluded services.** (a) The following services are not covered under this section and are not eligible for medical assistance payments as components of intensive in-home children's mental health stabilization and support services, but may be billed separately:

(1) inpatient psychiatric hospital treatment;

(2) mental health targeted case management;

(3) partial hospitalization;

(4) medication management;

(5) children's mental health day treatment services; and

(6) crisis response services under section 256B.0944.

(b) Children receiving intensive in-home mental health stabilization and support services are not eligible for medical assistance reimbursement for the following services while receiving intensive in-home mental health stabilization and support services:

(1) psychotherapy and skills training components of children's therapeutic services and supports under section 256B.0625, subdivision 35b;

(2) mental health behavioral aide services as defined in section 256B.0943, subdivision 1, paragraph (m);

(3) home and community-based waiver services;

(4) mental health residential treatment;

(5) room and board costs as defined in section 256I.03, subdivision 6; and

(6) intensive treatment in foster care services under section 256B.0946.

Subd. 8. **Service authorization.** The commissioner shall administer authorizations for services under this section in compliance with section 256B.0625, subdivision 25.

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

Sec. 2. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under this section, a provider must develop and practice written policies and procedures for intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply with the following requirements in paragraphs (b) to (n).

(b) A qualified clinical supervisor, as defined in and performing in compliance with Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and provision of services described in this section.

(c) Each client receiving treatment services must receive an extended diagnostic assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30

days of enrollment in this service unless the client has a previous extended diagnostic assessment that the client, parent, and mental health professional agree still accurately describes the client's current mental health functioning.

(d) Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible client has received. This information must be reviewed and incorporated into the diagnostic assessment and team consultation and treatment planning review process.

(e) Each client receiving treatment must be assessed for a trauma history, and the client's treatment plan must document how the results of the assessment will be incorporated into treatment.

(f) Each client receiving treatment services must have an individual treatment plan that is reviewed, evaluated, and signed every 90 days using the team consultation and treatment planning process, as defined in subdivision 1a, paragraph (s).

(g) Care consultation, as defined in subdivision 1a, paragraph (a), must be provided in accordance with the client's individual treatment plan.

(h) Each client must have a crisis assistance plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team.

(i) Services must be delivered and documented at least, but not limited to, three days per week, equaling at least six hours of treatment per week, unless reduced units of service are specified on the treatment plan as part of transition or on a discharge plan to another service or level of care. Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.

(j) Location of service delivery must be in the client's home, day care setting, school, or other community-based setting that is specified on the client's individualized treatment plan.

(k) Treatment must be developmentally and culturally appropriate for the client.

(l) Services must be delivered in continual collaboration and consultation with the client's medical providers and, in particular, with prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects.

(m) Parents, siblings, foster parents, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan.

(n) Transition planning for the child must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and postdischarge mental health service needs.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 3. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish a single ~~daily~~ weekly per-client encounter rate for intensive treatment in foster care services. The rate must be constructed to cover only eligible services delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1, paragraph (b).

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 4. **DIRECTION TO THE COMMISSIONER; FEDERAL MATCHING FUNDS.**

The commissioner of human services shall collaborate with children's mental health providers and experts to identify existing and emerging federal matching funds through medical assistance and the federal Title IV-E Prevention Services Clearinghouse to provide intensive children's mental health services and supports that focus on family preservation and deliver individualized treatment to clients.