

254B.12 RATE METHODOLOGY.

Subdivision 1. **Behavioral health fund rate methodology established.** The commissioner shall establish a new rate methodology for the behavioral health fund. The new methodology must replace county-negotiated rates with a uniform statewide methodology that must include a graduated reimbursement scale based on the patients' level of acuity and complexity. At least biennially, the commissioner shall review the financial information provided by vendors to determine the need for rate adjustments.

Subd. 2. **Payment methodology for highly specialized vendors.** Notwithstanding subdivision 1, the commissioner shall seek federal authority to develop separate payment methodologies for substance use disorder treatment services provided under the behavioral health fund: (1) by a state-operated vendor; or (2) for persons who have been civilly committed to the executive board, present the most complex and difficult care needs, and are a potential threat to the community. A payment methodology under this subdivision is effective for services provided on or after October 1, 2015, or on or after the receipt of federal approval, whichever is later.

Subd. 3. **Substance use disorder provider rate increase.** For the substance use disorder services listed in section 254B.05, subdivision 5, and provided on or after July 1, 2017, payment rates shall be increased by one percent over the rates in effect on January 1, 2017, for vendors who meet the requirements of section 254B.05.

Subd. 4. **Culturally specific or culturally responsive program and disability responsive program provider rate increase.** For the substance use disorder services listed in section 254B.05, subdivision 5, provided by programs that meet the requirements of section 254B.05, subdivision 5, paragraph (c), clauses (1), (2), and (3), on or after January 1, 2022, payment rates shall increase by five percent over the rates in effect on January 1, 2021. The commissioner shall increase prepaid medical assistance capitation rates as appropriate to reflect this increase.

History: 2009 c 79 art 7 s 13; 2011 c 86 s 9; 2014 c 312 art 29 s 4; 2015 c 71 art 2 s 21; 1Sp2017 c 6 art 8 s 65,66; 2021 c 30 art 13 s 83; 1Sp2021 c 7 art 11 s 12; 2022 c 98 art 4 s 51; 2024 c 79 art 10 s 3