

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 4619

(SENATE AUTHORS: BOLDON)

DATE
03/07/2024

D-PG

Introduction and first reading
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to human services; establishing medical assistance coverage of residential
1.3 crisis stabilization for children; requiring a report; amending Minnesota Statutes
1.4 2022, section 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
1.7 to read:

1.8 Subd. 72. Residential crisis stabilization for children. (a) Effective January 1, 2026,
1.9 or upon federal approval, whichever is later, medical assistance covers residential crisis
1.10 stabilization for children 20 years of age or younger.

1.11 (b) Medical assistance coverage of residential crisis stabilization for children includes
1.12 but is not limited to:

1.13 (1) an assessment of a child's immediate needs and the factors that lead to the mental
1.14 health crisis;

1.15 (2) individualized treatment to address immediate needs and to restore the child to a
1.16 precrisis level of functioning;

1.17 (3) an individual crisis stabilization plan;

1.18 (4) 24-hour on-site staff and assistance;

1.19 (5) supportive counseling;

1.20 (6) skills training, as identified in the child's individual crisis stabilization plan;

2.1 (7) referrals to other service providers in the community as needed and to support a
2.2 child's transition out of residential crisis stabilization services;

2.3 (8) a crisis response action plan; and

2.4 (9) assistance in accessing and storing medication.

2.5 (c) The commissioner must ensure that the services provided under paragraph (b):

2.6 (1) contribute to effective treatment of children experiencing a mental health crisis;

2.7 (2) utilize simple service, design, and administration;

2.8 (3) cover all eligible services regardless of service location or service entity;

2.9 (4) support participation by all payors;

2.10 (5) incorporate an integrative care model that supports individuals experiencing a mental
2.11 health crisis who may also be experiencing co-occurring conditions; and

2.12 (6) support both children and their families.

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

2.14 **Sec. 2. DIRECTION TO COMMISSIONER; REPORT AND**
2.15 **RECOMMENDATIONS.**

2.16 No later than January 6, 2025, the commissioner must submit to the chairs and ranking
2.17 minority members of the legislative committees with jurisdiction over human services policy
2.18 and finance a report proposing the following for the residential crisis stabilization for children
2.19 covered service established under Minnesota Statutes section 256B.0625, subdivision 72:

2.20 (1) eligibility criteria;

2.21 (2) clinical and service requirements;

2.22 (3) provider standards;

2.23 (4) licensing requirements;

2.24 (5) reimbursement rates for residential crisis stabilization for children;

2.25 (6) additional reimbursement rates for room and board; and

2.26 (7) draft legislation with statutory changes necessary to implement the recommendations
2.27 of the commissioner in clauses (1) to (6).

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