

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

S.F. No. 928

(SENATE AUTHORS: MANN, Utke and Boldon)

DATE
02/03/2025

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Introduction and first reading
Referred to Human Services

OFFICIAL STATUS

1.1 A bill for an act
1.2 relating to human services; modifying children's mental health programs;
1.3 appropriating money; amending Minnesota Statutes 2024, sections 245.4901,
1.4 subdivision 3; 256B.0625, subdivisions 17, 18h; 256B.0943, subdivisions 1, 2.

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

1.6 Section 1. Minnesota Statutes 2024, section 245.4901, subdivision 3, is amended to read:

1.7 Subd. 3. **Allowable grant activities and related expenses.** (a) Allowable grant activities
1.8 and related expenses may include but are not limited to:

1.9 (1) identifying and diagnosing mental health conditions and substance use disorders of
1.10 students;

1.11 (2) delivering mental health and substance use disorder treatment and services to students
1.12 and their families, including via telehealth consistent with section 256B.0625, subdivision
1.13 3b;

1.14 (3) supporting families in meeting their child's needs, including accessing needed mental
1.15 health services to support the parent in caregiving and navigating health care, social service,
1.16 and juvenile justice systems;

1.17 (4) providing transportation for students receiving school-linked behavioral health
1.18 services when school is not in session;

1.19 (5) building the capacity of schools to meet the needs of students with mental health and
1.20 substance use disorder concerns, including school staff development activities for licensed
1.21 and nonlicensed staff; and

2.1 (6) purchasing equipment, connection charges, on-site coordination, set-up fees, and
2.2 site fees in order to deliver school-linked behavioral health services via telehealth.

2.3 (b) Grantees shall obtain all available third-party reimbursement sources as a condition
2.4 of receiving a grant. For purposes of this grant program, a third-party reimbursement source
2.5 excludes a public school as defined in section 120A.20, subdivision 1. Grantees shall serve
2.6 students regardless of health coverage status or ability to pay.

2.7 Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 17, is amended to read:

2.8 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"
2.9 means motor vehicle transportation provided by a public or private person that serves
2.10 Minnesota health care program beneficiaries who do not require emergency ambulance
2.11 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

2.12 (b) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means
2.13 a census-tract based classification system under which a geographical area is determined
2.14 to be urban, rural, or super rural.

2.15 (c) Medical assistance covers medical transportation costs incurred solely for obtaining
2.16 emergency medical care or transportation costs incurred by eligible persons in obtaining
2.17 emergency or nonemergency medical care when paid directly to an ambulance company,
2.18 nonemergency medical transportation company, or other recognized providers of
2.19 transportation services. Medical transportation must be provided by:

2.20 (1) nonemergency medical transportation providers who meet the requirements of this
2.21 subdivision;

2.22 (2) ambulances, as defined in section 144E.001, subdivision 2;

2.23 (3) taxicabs that meet the requirements of this subdivision;

2.24 (4) public transportation, within the meaning of "public transportation" as defined in
2.25 section 174.22, subdivision 7; or

2.26 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,
2.27 subdivision 1, paragraph (p).

2.28 (d) Medical assistance covers nonemergency medical transportation provided by
2.29 nonemergency medical transportation providers enrolled in the Minnesota health care
2.30 programs. All nonemergency medical transportation providers must comply with the
2.31 operating standards for special transportation service as defined in sections 174.29 to 174.30
2.32 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the

3.1 commissioner and reported on the claim as the individual who provided the service. All
3.2 nonemergency medical transportation providers shall bill for nonemergency medical
3.3 transportation services in accordance with Minnesota health care programs criteria. Publicly
3.4 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the
3.5 requirements outlined in this paragraph.

3.6 (e) An organization may be terminated, denied, or suspended from enrollment if:

3.7 (1) the provider has not initiated background studies on the individuals specified in
3.8 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

3.9 (2) the provider has initiated background studies on the individuals specified in section
3.10 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

3.11 (i) the commissioner has sent the provider a notice that the individual has been
3.12 disqualified under section 245C.14; and

3.13 (ii) the individual has not received a disqualification set-aside specific to the special
3.14 transportation services provider under sections 245C.22 and 245C.23.

3.15 (f) The administrative agency of nonemergency medical transportation must:

3.16 (1) adhere to the policies defined by the commissioner;

3.17 (2) pay nonemergency medical transportation providers for services provided to
3.18 Minnesota health care programs beneficiaries to obtain covered medical services;

3.19 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled
3.20 trips, and number of trips by mode; and

3.21 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single
3.22 administrative structure assessment tool that meets the technical requirements established
3.23 by the commissioner, reconciles trip information with claims being submitted by providers,
3.24 and ensures prompt payment for nonemergency medical transportation services.

3.25 (g) Until the commissioner implements the single administrative structure and delivery
3.26 system under subdivision 18e, clients shall obtain their level-of-service certificate from the
3.27 commissioner or an entity approved by the commissioner that does not dispatch rides for
3.28 clients using modes of transportation under paragraph (l), clauses (4), (5), (6), and (7).

3.29 (h) The commissioner may use an order by the recipient's attending physician, advanced
3.30 practice registered nurse, physician assistant, or a medical or mental health professional to
3.31 certify that the recipient requires nonemergency medical transportation services.

3.32 Nonemergency medical transportation providers shall perform driver-assisted services for

4.1 eligible individuals, when appropriate. Driver-assisted service includes passenger pickup
4.2 at and return to the individual's residence or place of business, assistance with admittance
4.3 of the individual to the medical facility, and assistance in passenger securement or in securing
4.4 of wheelchairs, child seats, or stretchers in the vehicle.

4.5 (i) Nonemergency medical transportation providers must take clients to the health care
4.6 provider using the most direct route, and must not exceed 30 miles for a trip to a primary
4.7 care provider or 60 miles for a trip to a specialty care provider, unless the client receives
4.8 authorization from the local agency.

4.9 (j) Nonemergency medical transportation providers may not bill for separate base rates
4.10 for the continuation of a trip beyond the original destination. Nonemergency medical
4.11 transportation providers must maintain trip logs, which include pickup and drop-off times,
4.12 signed by the medical provider or client, whichever is deemed most appropriate, attesting
4.13 to mileage traveled to obtain covered medical services. Clients requesting client mileage
4.14 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical
4.15 services.

4.16 (k) The administrative agency shall use the level of service process established by the
4.17 commissioner to determine the client's most appropriate mode of transportation. The
4.18 administrative agency must provide assisted transport to any client 20 years of age or younger
4.19 found eligible for unassisted transport, unless either the client is 16 years of age or older
4.20 and declines the upgrade, or the client is 15 years of age or younger and the client's parent
4.21 or guardian declines the upgrade on the client's behalf. If public transit or a certified
4.22 transportation provider is not available to provide the appropriate service mode for the client,
4.23 the client may receive a onetime service upgrade.

4.24 (l) The covered modes of transportation are:

4.25 (1) client reimbursement, which includes client mileage reimbursement provided to
4.26 clients who have their own transportation, or to family or an acquaintance who provides
4.27 transportation to the client;

4.28 (2) volunteer transport, which includes transportation by volunteers using their own
4.29 vehicle;

4.30 (3) unassisted transport, which includes transportation provided to a client by a taxicab
4.31 or public transit. If a taxicab or public transit is not available, the client can receive
4.32 transportation from another nonemergency medical transportation provider;

5.1 (4) assisted transport, which includes transport provided to clients who require assistance
5.2 by a nonemergency medical transportation provider;

5.3 (5) lift-equipped/ramp transport, which includes transport provided to a client who is
5.4 dependent on a device and requires a nonemergency medical transportation provider with
5.5 a vehicle containing a lift or ramp;

5.6 (6) protected transport, which includes transport provided to a client who has received
5.7 a prescreening that has deemed other forms of transportation inappropriate and who requires
5.8 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety
5.9 locks, a video recorder, and a transparent thermoplastic partition between the passenger and
5.10 the vehicle driver; and (ii) who is certified as a protected transport provider; and

5.11 (7) stretcher transport, which includes transport for a client in a prone or supine position
5.12 and requires a nonemergency medical transportation provider with a vehicle that can transport
5.13 a client in a prone or supine position.

5.14 (m) The local agency shall be the single administrative agency and shall administer and
5.15 reimburse for modes defined in paragraph (l) according to paragraphs (p) and (q) when the
5.16 commissioner has developed, made available, and funded the web-based single administrative
5.17 structure, assessment tool, and level of need assessment under subdivision 18e. The local
5.18 agency's financial obligation is limited to funds provided by the state or federal government.

5.19 (n) The commissioner shall:

5.20 (1) verify that the mode and use of nonemergency medical transportation is appropriate;

5.21 (2) verify that the client is going to an approved medical appointment; and

5.22 (3) investigate all complaints and appeals.

5.23 (o) The administrative agency shall pay for the services provided in this subdivision and
5.24 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,
5.25 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary
5.26 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

5.27 (p) Payments for nonemergency medical transportation must be paid based on the client's
5.28 assessed mode under paragraph (k), not the type of vehicle used to provide the service. The
5.29 medical assistance reimbursement rates for nonemergency medical transportation services
5.30 that are payable by or on behalf of the commissioner for nonemergency medical
5.31 transportation services are:

5.32 (1) \$0.22 per mile for client reimbursement;

6.1 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer
6.2 transport;

6.3 (3) equivalent to the standard fare for unassisted transport when provided by public
6.4 transit, and \$12.10 for the base rate and \$1.43 per mile when provided by a nonemergency
6.5 medical transportation provider;

6.6 (4) \$14.30 for the base rate and \$1.43 per mile for assisted transport;

6.7 (5) \$19.80 for the base rate and \$1.70 per mile for lift-equipped/ramp transport;

6.8 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

6.9 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for
6.10 an additional attendant if deemed medically necessary.

6.11 (q) The base rate for nonemergency medical transportation services in areas defined
6.12 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in
6.13 paragraph (p), clauses (1) to (7). The mileage rate for nonemergency medical transportation
6.14 services in areas defined under RUCA to be rural or super rural areas is:

6.15 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage
6.16 rate in paragraph (p), clauses (1) to (7); and

6.17 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage
6.18 rate in paragraph (p), clauses (1) to (7).

6.19 (r) For purposes of reimbursement rates for nonemergency medical transportation services
6.20 under paragraphs (p) and (q), the zip code of the recipient's place of residence shall determine
6.21 whether the urban, rural, or super rural reimbursement rate applies.

6.22 (s) The commissioner, when determining reimbursement rates for nonemergency medical
6.23 transportation under paragraphs (p) and (q), shall exempt all modes of transportation listed
6.24 under paragraph (l) from Minnesota Rules, part 9505.0445, item R, subitem (2).

6.25 (t) Effective for the first day of each calendar quarter in which the price of gasoline as
6.26 posted publicly by the United States Energy Information Administration exceeds \$3.00 per
6.27 gallon, the commissioner shall adjust the rate paid per mile in paragraph (p) by one percent
6.28 up or down for every increase or decrease of ten cents for the price of gasoline. The increase
6.29 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase
6.30 or decrease must be calculated using the average of the most recently available price of all
6.31 grades of gasoline for Minnesota as posted publicly by the United States Energy Information
6.32 Administration.

7.1 (u) The medical assistance reimbursement rates for unassisted transport and assisted
 7.2 transport provided to clients under the age of 21 by a nonemergency medical transportation
 7.3 service provider certified as a type III school bus provider are equal to 125 percent of the
 7.4 respective base and mileage rates in paragraph (p), clauses (3) and (4).

7.5 **EFFECTIVE DATE.** This section is effective January 1, 2026.

7.6 Sec. 3. Minnesota Statutes 2024, section 256B.0625, subdivision 18h, is amended to read:

7.7 Subd. 18h. **Nonemergency medical transportation provisions related to managed**
 7.8 **care.** (a) The following nonemergency medical transportation (NEMT) subdivisions apply
 7.9 to managed care plans and county-based purchasing plans:

7.10 (1) subdivision 17, ~~paragraphs~~ paragraph (a), (b), (i), and (n);

7.11 (2) subdivision 17, paragraph (c);

7.12 (3) subdivision 17, paragraph (l);

7.13 (4) subdivision 17, paragraph (q);

7.14 (5) subdivision 17, paragraph (u);

7.15 ~~(2)~~ (6) subdivision 18; and

7.16 ~~(3)~~ (7) subdivision 18a.

7.17 (b) A nonemergency medical transportation provider must comply with the operating
 7.18 standards for special transportation service specified in sections 174.29 to 174.30 and
 7.19 Minnesota Rules, chapter 8840. Publicly operated transit systems, volunteers, and not-for-hire
 7.20 vehicles are exempt from the requirements in this paragraph.

7.21 (c) Managed care plans and county-based purchasing plans must provide a fuel adjustment
 7.22 for NEMT rates when fuel exceeds \$3 per gallon. This paragraph expires if federal approval
 7.23 is not received for this paragraph at any time.

7.24 (d) If, for any contract year, federal approval is not received for ~~this~~ the provisions listed
 7.25 in paragraph (e), the commissioner must adjust the capitation rates paid to managed care
 7.26 plans and county-based purchasing plans for that contract year to reflect the removal of this
 7.27 provision those provisions. Contracts between managed care plans and county-based
 7.28 purchasing plans and providers to whom this paragraph applies must allow recovery of
 7.29 payments from those providers if capitation rates are adjusted in accordance with this
 7.30 paragraph. Payment recoveries must not exceed the amount equal to any increase in rates

8.1 that results from ~~this~~ the provisions listed in paragraph (e). ~~This paragraph expires if federal~~
8.2 ~~approval is not received for this paragraph at any time.~~

8.3 (e) Paragraph (d) applies to the following provisions:

8.4 (1) paragraph (a), clause (5); and

8.5 (2) paragraph (c).

8.6 **EFFECTIVE DATE.** This section is effective January 1, 2026.

8.7 Sec. 4. Minnesota Statutes 2024, section 256B.0943, subdivision 1, is amended to read:

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

8.10 (b) "Children's therapeutic services and supports" means the flexible package of mental
8.11 health services for children who require varying therapeutic and rehabilitative levels of
8.12 intervention to treat a diagnosed emotional disturbance, as defined in section 245.4871,
8.13 subdivision 15, or a diagnosed mental illness, as defined in section 245.462, subdivision
8.14 20. The services are time-limited interventions that are delivered using various treatment
8.15 modalities and combinations of services designed to reach treatment outcomes identified
8.16 in the individual treatment plan.

8.17 (c) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
8.18 subdivision 6.

8.19 (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

8.20 (e) "Culturally competent provider" means a provider who understands and can utilize
8.21 to a client's benefit the client's culture when providing services to the client. A provider
8.22 may be culturally competent because the provider is of the same cultural or ethnic group
8.23 as the client or the provider has developed the knowledge and skills through training and
8.24 experience to provide services to culturally diverse clients.

8.25 (f) "Day treatment program" for children means a site-based structured mental health
8.26 program consisting of psychotherapy for three or more individuals and individual or group
8.27 skills training provided by a team, under the treatment supervision of a mental health
8.28 professional.

8.29 (g) "Direct service time" means the time that a mental health professional, clinical trainee,
8.30 mental health practitioner, or mental health behavioral aide spends face-to-face with a client
8.31 and the client's family or providing covered services through telehealth as defined under
8.32 section 256B.0625, subdivision 3b. Direct service time includes time in which the provider

9.1 obtains a client's history, develops a client's treatment plan, records individual treatment
9.2 outcomes, or provides service components of children's therapeutic services and supports.
9.3 Direct service time does not include time doing work before and after providing direct
9.4 services, including scheduling or maintaining clinical records.

9.5 (h) "Direction of mental health behavioral aide" means the activities of a mental health
9.6 professional, clinical trainee, or mental health practitioner in guiding the mental health
9.7 behavioral aide in providing services to a client. The direction of a mental health behavioral
9.8 aide must be based on the client's individual treatment plan and meet the requirements in
9.9 subdivision 6, paragraph (b), clause (7).

9.10 (i) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15.

9.11 (j) "Individual treatment plan" means the plan described in section 245I.10, subdivisions
9.12 7 and 8.

9.13 (k) "Mental health behavioral aide services" means medically necessary one-on-one
9.14 activities performed by a mental health behavioral aide qualified according to section
9.15 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously
9.16 trained by a mental health professional, clinical trainee, or mental health practitioner and
9.17 as described in the child's individual treatment plan and individual behavior plan. Activities
9.18 involve working directly with the child or child's family as provided in subdivision 9,
9.19 paragraph (b), clause (4).

9.20 (l) "Mental health certified family peer specialist" means a staff person who is qualified
9.21 according to section 245I.04, subdivision 12.

9.22 (m) "Mental health practitioner" means a staff person who is qualified according to
9.23 section 245I.04, subdivision 4.

9.24 (n) "Mental health professional" means a staff person who is qualified according to
9.25 section 245I.04, subdivision 2.

9.26 (o) "Mental health service plan development" includes:

9.27 (1) development and revision of a child's individual treatment plan; and

9.28 (2) administering and reporting standardized outcome measurements approved by the
9.29 commissioner, as periodically needed to evaluate the effectiveness of treatment.

9.30 (p) "Mental illness," for persons at least age 18 but under age 21, has the meaning given
9.31 in section 245.462, subdivision 20, paragraph (a).

10.1 (q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision
10.2 11.

10.3 (r) "Rehabilitative services" or "psychiatric rehabilitation services" means interventions
10.4 to: (1) restore a child or adolescent to an age-appropriate developmental trajectory that had
10.5 been disrupted by a psychiatric illness; or (2) enable the child to self-monitor, compensate
10.6 for, cope with, counteract, or replace psychosocial skills deficits or maladaptive skills
10.7 acquired over the course of a psychiatric illness. Psychiatric rehabilitation services for
10.8 children combine coordinated psychotherapy to address internal psychological, emotional,
10.9 and intellectual processing deficits, and skills training to restore personal and social
10.10 functioning. Psychiatric rehabilitation services establish a progressive series of goals with
10.11 each achievement building upon a prior achievement.

10.12 (s) "Skills training" means individual, family, or group training, delivered by or under
10.13 the supervision of a mental health professional, designed to facilitate the acquisition of
10.14 psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate
10.15 developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child
10.16 to self-monitor, compensate for, cope with, counteract, or replace skills deficits or
10.17 maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject
10.18 to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

10.19 (t) "Standard diagnostic assessment" means the assessment described in section 245I.10,
10.20 subdivision 6.

10.21 (u) "Treatment supervision" means the supervision described in section 245I.06.

10.22 (v) "Transition to community living services" means services that:

10.23 (1) maintain continuity of contact between the children's therapeutic services and supports
10.24 provider and the client and the client's family;

10.25 (2) facilitate discharge from a hospital, juvenile detention, or residential treatment setting;
10.26 and

10.27 (3) support the client's integration into the child's family and community.

10.28 Transition to community living services are not intended to provide other types of services
10.29 within children's therapeutic services and supports.

10.30 Sec. 5. Minnesota Statutes 2024, section 256B.0943, subdivision 2, is amended to read:

10.31 Subd. 2. **Covered service components of children's therapeutic services and**
10.32 **supports.** (a) Subject to federal approval, medical assistance covers medically necessary

11.1 children's therapeutic services and supports when the services are provided by an eligible
 11.2 provider entity certified under and meeting the standards in this section. The provider entity
 11.3 must make reasonable and good faith efforts to report individual client outcomes to the
 11.4 commissioner, using instruments and protocols approved by the commissioner.

11.5 (b) The service components of children's therapeutic services and supports are:

11.6 (1) patient and/or family psychotherapy, family psychotherapy, psychotherapy for crisis,
 11.7 and group psychotherapy;

11.8 (2) individual, family, or group skills training provided by a mental health professional,
 11.9 clinical trainee, or mental health practitioner;

11.10 (3) crisis planning;

11.11 (4) mental health behavioral aide services;

11.12 (5) direction of a mental health behavioral aide;

11.13 (6) mental health service plan development; ~~and~~

11.14 (7) children's day treatment; and

11.15 (8) transition to community living services.

11.16 Sec. 6. **APPROPRIATION; SCHOOL-LINKED BEHAVIORAL HEALTH GRANTS.**

11.17 \$..... in fiscal year 2026 and \$..... in fiscal year 2027 are appropriated from the general
 11.18 fund to the commissioner of human services for school-linked behavioral health grants
 11.19 under Minnesota Statutes, section 245.4901.