

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

**S.F. No. 5114**

(SENATE AUTHORS: MAYE QUADE)

DATE  
03/20/2024

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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 a residential crisis stabilization for children  
1.3 medical assistance covered service; directing the commissioner of human services  
1.4 to request federal approval; requiring a report; amending Minnesota Statutes 2022,  
1.5 section 256B.0625, by adding a subdivision.

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

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

1.9 Subd. 72. Residential crisis stabilization for children. (a) Effective January 1, 2027,  
1.10 or upon federal approval, whichever is later, medical assistance covers residential crisis  
1.11 stabilization for children.

1.12 (b) For the purposes of this subdivision, "child" means a person 20 years of age or  
1.13 younger.

1.14 (c) Medical assistance coverage of residential crisis stabilization for children includes  
1.15 but is not limited to:

1.16 (1) an assessment of the child's immediate needs and factors that led to the mental health  
1.17 crisis;

1.18 (2) individualized care developed with the child's family to address immediate needs  
1.19 and restore the child to a precrisis level of functioning;

1.20 (3) an individual crisis stabilization plan developed by community-based mental health  
1.21 professionals and the child's family;

1.22 (4) 24-hour on-site staff and assistance;

2.1 (5) supportive counseling and clinical services provided to the child and the child's  
 2.2 family;

2.3 (6) skills training and positive support services provided to the child and the child's  
 2.4 family, as identified in the child's individual crisis stabilization plan;

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

2.7 (8) an individualized and culturally responsive crisis response action plan; and

2.8 (9) assistance in accessing and storing medication.

2.9 (d) The commissioner must ensure that the services provided under paragraph (c):

2.10 (1) consist of evidence-based, promising practices and culturally responsive treatment  
 2.11 services for children experiencing a mental health crisis;

2.12 (2) embody an integrative care model that supports individuals experiencing a mental  
 2.13 health crisis who may also be experiencing co-occurring conditions;

2.14 (3) qualify for federal financial participation; and

2.15 (4) include services that support both children and their families.

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

2.17 **Sec. 2. DIRECTION TO COMMISSIONER; REPORT AND**

2.18 **RECOMMENDATIONS.**

2.19 (a) No later than October 1, 2025, the commissioner must submit a state plan amendment  
 2.20 to the Centers for Medicare and Medicaid Services for residential crisis stabilization for  
 2.21 children established under Minnesota Statutes, section 256B.0625, subdivision 72.

2.22 (b) No later than January 15, 2026, the commissioner of human services must submit  
 2.23 to the chairs and ranking minority members of the legislative committees with jurisdiction  
 2.24 over human services policy and finance a report proposing the following for residential  
 2.25 crisis stabilization for children established under Minnesota Statutes, section 256B.0625,  
 2.26 subdivision 72:

2.27 (1) eligibility criteria;

2.28 (2) clinical and service requirements;

2.29 (3) provider standards;

2.30 (4) licensing requirements;

- 3.1 (5) reimbursement rates;
- 3.2 (6) methods for providers to receive additional funding to cover room and board; and
- 3.3 (7) draft legislation with statutory changes necessary to implement the recommendations
- 3.4 of the commissioner in clauses (1) to (6).
- 3.5 (c) The commissioner's process in reporting and making recommendations on the topics
- 3.6 in paragraph (b) must include:
- 3.7 (1) community engagement and input from providers, advocates, Tribal Nations, counties,
- 3.8 people with lived experience, and other interested community members;
- 3.9 (2) study of crisis models from other states; and
- 3.10 (3) consultation or contracting with rate setting experts to develop a prospective,
- 3.11 data-based rate methodology for paragraph (b), clause (5).
- 3.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.