



Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy, sound psychiatric practice and health equity.

MPS Position and 2026 Legislative Update

Collaborative Care Model (CoCM)

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Minnesota faces a psychiatric workforce shortage. At the same time, 1 in 5 adults experience a mental health condition each year, and rates of depression and anxiety continue to rise.

Most patients seek help in primary care. The Collaborative Care Model (CoCM) is the most evidence-based and scalable way to bring psychiatric expertise into those settings. MPS supports full implementation of Collaborative Care statewide and requires Minnesota Medical Assistance to reimburse all CoCM services at 100 percent of the Medicare rate.

What Collaborative Care Is

CoCM is a team-based model delivered in primary care. The psychiatrist supports the primary care team through case consultation, treatment planning, and outcome monitoring. One psychiatrist can extend expertise to hundreds of patients through this model.

The team includes:

- A primary care provider
- A behavioral health care manager
- A consulting psychiatrist

Why This Model Works

More than 90 controlled studies show Collaborative Care:

- Improves depression and anxiety outcomes
- Shortens time to remission
- Expands access to psychiatric expertise
- Reduces stigma by treating patients in primary care
- Saves money across the health system

For every \$1 invested, approximately \$6.50 is saved through reduced overall health care costs and improved productivity.

Where Minnesota Stands

Medicare covers CoCM.

Most commercial insurers cover CoCM.

Minnesota Medical Assistance does not consistently reimburse all CoCM services at sustainable rates.

This creates a two-tiered system where patients with commercial insurance have access, but many patients on Medicaid do not.

2026 Legislative Priorities

MPS is advocating for:

1. Coverage of all CoCM services under Minnesota Medical Assistance
2. Reimbursement at 100 percent of the Medicare rate
3. Use of CoCM as a workforce strategy to address psychiatric shortages
4. Closing the Medicaid access gap

Common Questions

Does this increase state spending?

It requires upfront investment but reduces long-term costs by lowering emergency visits, hospitalizations, and untreated chronic illness complications.

Is this duplicative of specialty psychiatry?

No. It expands psychiatric expertise into primary care and allows specialty psychiatry to focus on more complex patients.

Current Status and Implementation Barriers

Legislation to include Collaborative Care as a covered benefit under Minnesota Medical Assistance has been introduced and heard, with an updated fiscal note pending. Legislators have expressed strong interest in rural access and cost savings, and Collaborative Care directly addresses both by extending psychiatric expertise into primary care settings and supporting clinics that cannot recruit full-time psychiatrists.

Through the PIPBHC State Planning Council, where MPS participates, implementation challenges have been identified:

- Limited psychiatry capacity, especially in rural areas
- Inconsistent billing practices and EHR infrastructure
- Sustainability concerns for clinics serving high Medicaid populations

The Bottom Line

Minnesota does not have enough psychiatrists to meet demand through traditional referral models alone. Collaborative Care is proven, scalable, cost-effective, and already covered by Medicare and commercial insurance.

Full implementation through Minnesota Medical Assistance is one of the most practical steps Minnesota can take to expand access, improve outcomes, and build equity in mental health care.