..... moves to amend H.F. No. 927, the first engrossment, as follows:

Page 140, delete section 34 and insert:

"Sec. 34. Minnesota Statutes 2010, section 256B.0625, is amended by adding a subdivision to read:

Subd. 56. **Medical care coordination.** (a) Medical assistance covers in-reach community-based care coordination that is performed in a hospital emergency department as an eligible procedure under a state health care program or private insurance for a frequent user.

(b) Reimbursement must be made in 15-minute increments under current Medicaid mental health social work reimbursement methodology and allowed for up to 60 days posthospital discharge based upon the specific identified emergency department visit or inpatient admitting event. A frequent user who is participating in care coordination within a health care home framework is ineligible for reimbursement under this subdivision. Eligible in-reach care coordinators must hold a minimum of a bachelor's degree in social work, public health, corrections, or related field. The commissioner shall submit any necessary application for waivers to the Centers for Medicare and Medicaid Services to implement this subdivision.

(c) A frequent user is defined as an individual who:

(1) has frequented the hospital emergency department for services three or more times in the previous six consecutive months;

(2) would benefit from the provision of in-reach community-based services; and

(3) has two or more of the following risk factors:

(i) on one or more occasions within the last 24 months, the individual was diagnosed with a chronic or life-threatening condition that requires management of symptoms, medications, health care, or changes in lifestyle or risk-related behaviors that may include, but are not limited to, HIV/AIDS, hepatitis, diabetes, heart disease, hypertension, emphysema, asthma, or cancer;

(ii) on one or more occasions within the last 24 months, the individual was diagnosed or, in the judgment of an emergency department physician, would likely be diagnosed, if provided a mental assessment, with an Axis I or II mental disorder identified in the Diagnostic and Statistical Manual of Mental Disorders;

(iii) on one or more occasions within the last 24 months, the individual was diagnosed or, in the judgment of an emergency department physician, would likely be diagnosed, if provided an assessment, with a substance use problem that interferes with the individual's health or appropriate utilization of health services; or

(iv) the individual is currently experiencing homelessness. "Homelessness" means lacking a fixed, regular, or adequate nighttime residence or a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations or a public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings.

(d) Any hospital choosing to participate in medical care coordination under this subdivision must, upon request by the commissioner of human services, make available program utilization data. Frequent users who are enrolled in a program must track:

(1) the total number of program participants in the frequent user program for a defined period of time established by the commissioner;

(2) the total number of program participants and what form of health care coverage they had at the time of enrollment and the number of beneficiaries who did not remain enrolled in the program for at least two months;

(3) the frequency of emergency department visits during the 12 months prior to enrollment in the program and associated costs to the hospital;

(4) the frequency of emergency department visits during the 12 months after program enrollment and the associated costs to the hospital;

(5) the total number of inpatient admissions during the 12 months immediately preceding enrollment and the associated costs to the hospital;

(6) the total number of inpatient admissions during the 12 months after enrollment in the program and the associated costs to the hospital;

(7) the total number of inpatient days during the 12 months immediately preceding enrollment and the associated costs to the hospital; and

(8) the total number of inpatient days during the 12 months after program enrollment and the associated costs to the hospital.

(e) For the purposes of this subdivision, "in-reach community-based care coordination" means the practice of a community-based worker with training, knowledge, skills, and ability to access a continuum of services, including housing, transportation,

chemical and mental health treatment, employment, and peer support services, by working with an organization's staff to transition an individual back into the individual's living environment. In-reach community-based care coordination includes working with the individual during their discharge and for up to a defined amount of time in the individual's living environment, reducing the individual's need for readmittance."