

1.1 moves to amend H.F. No. 4106 as follows:

1.2 Page 2, delete lines 3 to 6, and insert:

1.3 "(d) The state medical review team must accept directly from a hospital all referrals for
1.4 a disability determination for an applicant who in the judgment of the applicant's attending
1.5 physician will require upon discharge long-term services and supports provided under
1.6 medical assistance. The commissioner must establish a mechanism for direct submission
1.7 of referrals by hospitals."

1.8 Page 2, delete lines 20 to 23, and insert:

1.9 "(c) If the reason for the continued delay in determining the applicant's eligibility is that
1.10 the required information cannot be obtained even with the assistance of the local agency,
1.11 the local agency, the applicant, the applicant's representative, or a person interested in the
1.12 applicant's welfare may request the commissioner's assistance. Immediately upon receipt
1.13 of a request for assistance, the commissioner must assist in gathering the required application
1.14 materials and determining eligibility for medical assistance."

1.15 Page 2, before line 24, insert:

1.16 "Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is
1.17 amended to read:

1.18 Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The
1.19 commissioner shall develop and implement a curriculum and an assessor certification
1.20 process.

1.21 (b) MnCHOICES certified assessors must:

2.1 (1) either have a bachelor's degree in social work, nursing with a public health nursing
 2.2 certificate, or other closely related field or be a registered nurse ~~with at least two years of~~
 2.3 ~~home and community-based experience~~; and

2.4 (2) have received training and certification specific to assessment and consultation for
 2.5 long-term care services in the state.

2.6 (c) Certified assessors shall demonstrate best practices in assessment and support
 2.7 planning, including person-centered planning principles, and have a common set of skills
 2.8 that ensures consistency and equitable access to services statewide.

2.9 (d) Certified assessors must be recertified every three years.

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

2.11 Page 2, line 26, before "Notwithstanding" insert "(a)"

2.12 Page 2, after line 30, insert:

2.13 "(b) If the lead agency fails to complete an assessment within the timeline described in
 2.14 paragraph (a), the local agency, the person, the person's legal representative, or the hospital
 2.15 in which the person is a patient may request assistance from the commissioner's acute care
 2.16 transition team. Immediately upon receipt of a request for assistance, the commissioner's
 2.17 acute care transition team must either direct the lead agency to conduct an assessment
 2.18 immediately, transfer authority to conduct the assessment to another lead agency with the
 2.19 capacity to do so immediately, or permit any certified assessor who is either an employee
 2.20 of the hospital in which the person is a patient or an employee of the health system with
 2.21 which the hospital is affiliated to perform the assessment."

2.22 Page 3, before line 1, insert:

2.23 "Sec. 5. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

2.24 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
 2.25 completed as part of an eligibility determination for multiple programs for the alternative
 2.26 care, elderly waiver, developmental disabilities, community access for disability inclusion,
 2.27 community alternative care, and brain injury waiver programs under chapter 256S and
 2.28 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
 2.29 more than ~~60 calendar days~~ one year after the date of the assessment.

2.30 (b) The effective eligibility start date for programs in paragraph (a) can never be prior
 2.31 to the date of assessment. If an assessment was completed more than ~~60 days~~ one year before
 2.32 the effective waiver or alternative care program eligibility start date, assessment and support

3.1 plan information must be updated and documented in the department's Medicaid Management
3.2 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
3.3 state plan services, the effective date of eligibility for programs included in paragraph (a)
3.4 cannot be prior to the completion date of the most recent updated assessment.

3.5 (c) If an eligibility update is completed within 90 days of the previous assessment and
3.6 documented in the department's Medicaid Management Information System (MMIS), the
3.7 effective date of eligibility for programs included in paragraph (a) is the date of the previous
3.8 in-person assessment when all other eligibility requirements are met.

3.9 **EFFECTIVE DATE.** This section is effective upon federal approval."

3.10 Page 3, delete section 6

3.11 Renumber the sections in sequence and correct the internal references

3.12 Amend the title accordingly