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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. **729**

02/13/2025 Authored by Noor; Schomacker; Hansen, R., and Greene
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to human services; expanding certain medical assistance services to include
- 1.3 coverage of care evaluations; modifying medical assistance rates for homemaker
- 1.4 services, home health agency services, and home care nursing services; requiring
- 1.5 a report; amending Minnesota Statutes 2024, sections 256B.0651, subdivisions 1,
- 1.6 2; 256B.0652, subdivision 11; 256B.0653, subdivisions 1, 6, by adding a
- 1.7 subdivision; 256B.0654, by adding a subdivision.
- 1.8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.9 Section 1. Minnesota Statutes 2024, section 256B.0651, subdivision 1, is amended to read:
- 1.10 Subdivision 1. **Definitions.** (a) For the purposes of sections 256B.0651 to 256B.0654
- 1.11 and 256B.0659, the terms in ~~paragraphs (b) to (g)~~ this subdivision have the meanings given.
- 1.12 (b) "Activities of daily living" has the meaning given in section 256B.0659, subdivision
- 1.13 1, paragraph (b).
- 1.14 (c) "Assessment" means a review and evaluation of a recipient's need for home care
- 1.15 services conducted in person.
- 1.16 (d) "Care evaluation" means a face-to-face evaluation of a person to develop, update,
- 1.17 or review a recipient's plan of care for home care services, except personal care assistance.
- 1.18 ~~(d)~~ (e) "Home care services" means medical assistance covered services that are home
- 1.19 health agency services, including skilled nurse visits; home health aide visits; physical
- 1.20 therapy, occupational therapy, respiratory therapy, and language-speech pathology therapy;
- 1.21 home care nursing; and personal care assistance.
- 1.22 ~~(e)~~ (f) "Home residence;" ~~effective January 1, 2010,~~ means a residence owned or rented
- 1.23 by the recipient either alone, with roommates of the recipient's choosing, or with an unpaid

responsible party or legal representative; or a family foster home where the license holder lives with the recipient and is not paid to provide home care services for the recipient except as allowed under sections 256B.0652, subdivision 10, and 256B.0654, subdivision 4.

~~(f)~~ (g) "Medically necessary" has the meaning given in Minnesota Rules, parts 9505.0170 to 9505.0475.

~~(g)~~ (h) "Ventilator-dependent" means an individual who receives mechanical ventilation for life support at least six hours per day and is expected to be or has been dependent on a ventilator for at least 30 consecutive days.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2024, section 256B.0651, subdivision 2, is amended to read:

Subd. 2. **Services covered.** Home care services covered under this section and sections 256B.0652 to 256B.0654 and 256B.0659 include:

(1) nursing services under sections 256B.0625, subdivision 6a, and 256B.0653;

(2) home care nursing services under sections 256B.0625, subdivision 7, and 256B.0654;

(3) home health services under sections 256B.0625, subdivision 6a, and 256B.0653;

(4) personal care assistance services under sections 256B.0625, subdivision 19a, and 256B.0659;

(5) supervision of personal care assistance services provided by a qualified professional under sections 256B.0625, subdivision 19a, and 256B.0659;

(6) face-to-face assessments by county public health nurses for personal care assistance services under sections 256B.0625, subdivision 19a, and 256B.0659; ~~and~~

(7) service updates and ~~review~~ reviews by county public health nurses of temporary increases for personal care assistance services ~~by the county public health nurse for services~~ under sections 256B.0625, subdivision 19a, and 256B.0659; and

(8) care evaluations under sections 256B.0625, subdivisions 6a and 7, 256B.0653, and 256B.0654.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

3.1 Sec. 3. Minnesota Statutes 2024, section 256B.0652, subdivision 11, is amended to read:

3.2 Subd. 11. **Limits on services without authorization.** During a calendar year, a recipient
3.3 may receive the following home care services ~~during a calendar year~~ without authorization:

3.4 (1) up to two face-to-face assessments to determine a recipient's need for personal care
3.5 assistance services;

3.6 (2) one service update done to determine a recipient's need for personal care assistance
3.7 services; and

3.8 (3) up to nine face-to-face visits that must include only skilled nurse visits or care
3.9 evaluations.

3.10 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
3.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
3.12 when federal approval is obtained.

3.13 Sec. 4. Minnesota Statutes 2024, section 256B.0653, subdivision 1, is amended to read:

3.14 Subdivision 1. **Scope.** This section applies to home health agency services including
3.15 home health aide, skilled nursing visits, physical therapy, occupational therapy, respiratory
3.16 therapy, ~~and~~ speech-language pathology therapy, and care evaluations.

3.17 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
3.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
3.19 when federal approval is obtained.

3.20 Sec. 5. Minnesota Statutes 2024, section 256B.0653, subdivision 6, is amended to read:

3.21 Subd. 6. **Noncovered home health agency services.** The following are not eligible for
3.22 payment under medical assistance as a home health agency service:

3.23 (1) telehomecare skilled nurses services that is communication between the home care
3.24 nurse and recipient that consists solely of a telephone conversation, facsimile, electronic
3.25 mail, or a consultation between two health care practitioners;

3.26 (2) the following skilled nurse visits:

3.27 (i) for the purpose of monitoring medication compliance with an established medication
3.28 program for a recipient;

3.29 (ii) administering or assisting with medication administration, including injections,
3.30 prefilling syringes for injections, or oral medication setup of an adult recipient, when, as

determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient or a family member is physically and mentally able to self-administer or prefill a medication;

(iii) services done for the sole purpose of supervision of the home health aide or personal care assistant;

(iv) services done for the sole purpose to train other home health agency workers;

(v) services done for the sole purpose of blood samples or lab draw when the recipient is able to access these services outside the home; and

(vi) Medicare evaluation or administrative nursing visits required by Medicare, except as provided in subdivision 9, paragraph (a);

(3) home health aide visits when the following activities are the sole purpose for the visit: companionship, socialization, household tasks, transportation, and education;

(4) home care therapies provided in other settings such as a clinic or as an inpatient or when the recipient can access therapy outside of the recipient's residence; and

(5) home health agency services without qualifying documentation of a face-to-face encounter as specified in subdivision 7.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 6. Minnesota Statutes 2024, section 256B.0653, is amended by adding a subdivision to read:

Subd. 9. Care evaluations. (a) Notwithstanding the coverage limitation in subdivision 6, clause (2), item (vi), medical assistance covers care evaluations as a home health service under section 256B.0625, subdivision 6a, provided that the recipient's home health services are not covered under the Medicare program or any other insurance held by the recipient.

(b) The reimbursement rate for care evaluations under this section must equal 300 percent of the medical assistance reimbursement rate for a skilled nursing visit.

(c) Care evaluations under this section must occur during a start-of-care visit, a resumption-of-care visit, or a recertification visit. Care evaluations under this section must be provided by a registered nurse whenever the recipient's plan of care involves nursing tasks or medically oriented tasks requiring skilled nursing visits or home health aide visits.

5.1 If the service recipient's plan of care involves only home care therapy, an appropriate therapist
5.2 may conduct a care evaluation under this section.

5.3 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
5.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
5.5 when federal approval is obtained.

5.6 Sec. 7. Minnesota Statutes 2024, section 256B.0654, is amended by adding a subdivision
5.7 to read:

5.8 Subd. 6. **Care evaluations.** (a) Medical assistance covers care evaluations as a home
5.9 care nursing service under section 256B.0625, subdivision 7, provided the recipient's home
5.10 care nursing services are not covered by the Medicare program or any other insurance held
5.11 by the recipient.

5.12 (b) The reimbursement rate for care evaluations under this section must equal 300 percent
5.13 of the medical assistance reimbursement rate for a skilled nursing visit.

5.14 (c) Care evaluations under this section must occur during a start-of-care visit, a
5.15 resumption-of-care visit, or a recertification visit. Care evaluations under this section must
5.16 be provided by a registered nurse.

5.17 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
5.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
5.19 when federal approval is obtained.

5.20 Sec. 8. **RATE INCREASE FOR CERTAIN HOME CARE SERVICES.**

5.21 (a) The commissioner of human services shall increase payment rates for home health
5.22 agency services under Minnesota Statutes, section 256B.0653, by ... percent from the rates
5.23 in effect on December 31, 2025.

5.24 (b) The commissioner of human services shall increase payment rates for home care
5.25 nursing under Minnesota Statutes, section 256B.0651, subdivision 2, clause (2), by ... percent
5.26 from the rates in effect on December 31, 2025.

5.27 (c) The commissioner of human services shall increase payment rates established under
5.28 Minnesota Statutes, sections 256S.21 to 256S.215, for homemaker assistance with personal
5.29 care, homemaker cleaning, and homemaker home management by ... percent from the rates
5.30 in effect on December 31, 2025.

EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 9. **HOME CARE CAREERS AWARENESS BUILDING; RECRUITMENT AND RETENTION GRANT PROGRAM.**

Subdivision 1. Establishment. The commissioner of human services must establish a onetime grant program to support the implementation of activities focused on home care staff recruitment and home care staff retention.

Subd. 2. Eligible grant recipients. Only home care providers licensed under Minnesota Statutes, chapter 144A, are eligible grant recipients under this section.

Subd. 3. Allowable uses. Grant money must be directed toward employees providing home care services licensed under Minnesota Statutes, chapter 144A. Allowable uses of grant money include but are not limited to:

(1) loan forgiveness and scholarships for employees' further education in nursing or physical therapy;

(2) employee retention payments based on years of service;

(3) incentive compensation and benefits for nurse employees who serve as a preceptor of a nursing student; and

(4) other activities approved by the commissioner.

Subd. 4. Distribution of grant money. Grants must be distributed no later than January 1, 2026.

Subd. 5. Report. By July 1, 2028, grant recipients must submit a report to the commissioner that includes a description of how grant money was used.

Subd. 6. Expiration. Subdivisions 1 to 4 expire January 1, 2028. This subdivision and subdivision 5 expire July 1, 2028.