

Subject Expedited state medical review team determinations, long-term care consultation services assessments, and support planning

Authors Noor and others

Analyst Danyell A. Punelli

Date March 14, 2024

Overview

This bill provides for expedited state medical review team determinations of disability, expedited medical assistance (MA) applications, expedited long-term care consultation services assessments and support planning under certain circumstances, and emergency supplemental payments under the MA home and community-based services waivers for people who received an expedited assessment and expedited support planning.

Summary

Section	Description
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| 1 | State medical review team.
Amends § 256.01, subd. 29. Requires the state medical review team to accept directly from a hospital all referrals for a disability determination for an applicant who will require long-term services and supports upon discharge. Requires the commissioner to establish a mechanism for direct submission of referrals by hospitals. |
| 2 | Expedited medical assistance applications.
Amends § 256B.05, by adding subd. 6. Requires the local agency to act on an application for MA within five calendar days of receipt of a request for MA for a patient eligible for discharge, as determined by the hospital, but who requires post-acute care covered by MA to be safely discharged. Requires the commissioner to assist in gathering the required application materials and determining MA eligibility upon request. |
| 3 | MnCHOICES assessor qualifications, training, and certification.
Amends § 256B.0911, subd. 13. Modifies qualifications for MnCHOICES certified assessors. Provides an immediate effective date. |

Section	Description
4	<p>Expedited MnCHOICES assessment visits.</p> <p>Amends § 256B.0911, by adding subd. 17a. Requires a long-term care consultation team to visit a patient awaiting discharge from an acute care hospital requesting long-term care consultation services within three calendar days after the date on which the assessment was requested or recommended. Allows specified persons and entities to request assistance from the commissioner’s acute care transition team if the lead agency fails to complete an expedited MnCHOICES assessment in the required timeline. Specifies actions the commissioner’s acute care transition team must take.</p>
5	<p>MnCHOICES assessments; duration of validity.</p> <p>Amends § 256B.0911, subd. 20. Extends assessment validity to establish service eligibility from 60 days to one year after the date of the MnCHOICES assessment. Makes this section effective upon federal approval.</p>
6	<p>Expedited support planning.</p> <p>Amends § 256B.0911, by adding subd. 29a. Requires the certified assessor and the individual responsible for developing the support plan to complete the assessment summary and the support plan no more than five calendar days after an expedited assessment visit.</p>
7	<p>Residential support services supplemental payments.</p> <p>Amends § 256B.49, by adding subd. 30. Defines “residential support services” for purposes of this subdivision. Requires the commissioner to make emergency supplemental payments to providers who provide residential support services to a person who is discharged from an acute care hospital and immediately enrolls in a home and community-based waiver for persons with disabilities following an expedited assessment visit and expedited support planning. Specifies the amount of the supplemental payments and requires the commissioner to seek federal financial participation in the emergency supplemental payments. If federal financial participation is denied, requires the commissioner to make emergency supplemental payments from state-only money.</p>



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