

House Research Act Summary

CHAPTER: 474

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TOPIC: Continuing Care Services

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Overview

This act contains provisions related to DHS continuing care services for persons with disabilities. The act modifies requirements for the demonstration project for persons with disabilities, home care services provided in foster care settings, shared personal care assistant and private duty nursing services, crisis intervention services, and ICF/MR variable rate adjustments, and makes other changes.

Section

- 1 Amends § 62D.09, subd. 8. Requires HMO membership cards to include, for enrollees of the demonstration project for persons with disabilities, the telephone number to call to file a complaint with the office of ombudsman for mental health and mental retardation.
- 2 **Exception.** Amends § 62Q.73, subd. 2. Adds the demonstration project for persons with disabilities to the list of governmental programs that are exempt from the health plan company external review process.
- 3 **Case management service provider.** Amends § 245.462, subd. 4. Restructures and makes clarifying changes in requirements for case management providers under the adult mental health act. Makes certain requirements applicable to case managers without bachelor's degrees.
- 4 **Case management service provider.** Amends § 245.4871, subd. 4. Restructures and makes clarifying changes in requirements for case management providers under the children's mental health act. Makes certain requirements applicable to case managers without bachelor's degrees.
- 5 **Olmsted county licensing exemption.** Amends § 252.28, by adding subd. 3b. Authorizes the commissioner to license service sites with up to five beds each to serve residents moving from a 43-bed ICF/MR in Olmsted county that is closing. Provides that state law governing group residential housing maximum rates applies to the new sites.
- 6 **Personal care services.** Amends § 256B.0625, subd. 19a. Until July 1, 2001, allows the noncorporate legal guardian or conservator of an adult MA recipient, who is not the responsible

party or the personal care provider organization, to be granted a hardship waiver to receive reimbursement for providing personal care services to the recipient.

- 7 **Personal care.** Amends § 256B.0625, subd. 19c. Corrects a cross-reference in the list of qualified professionals who can supervise the provision of personal care services.
- 8 **Definition.** Amends § 256B.0627, subd. 1. Clarifies assessment and service update requirements for home care services. States that the county public health nurse or certified public health nurse under contract with the county is responsible for communicating recommendations for the provision of personal care assistant services to the commissioner and the recipient.
- 9 **Limitation on payments.** Amends § 256B.0627, subd. 5. Eliminates the requirement that requests for home care services for persons residing in a foster care setting include the foster care placement agreement and determination of difficulty of care. Limits the prohibition on services when the number of foster care residents is more than four to personal care attendant and private duty nursing services (rather than all home care services). Eliminates the prohibition on authorizing home care services when the cost of these services, combined with foster care payments other than those for room and board, would exceed total payments for care in an institution.
- 10 **Shared personal care assistant services.** Amends § 256B.0627, subd. 8. Allows shared personal care assistant services to be provided outside the home or foster care home of one of the recipients, when normal life activities take the recipients outside the home.
- 11 **Shared private duty nursing care option.** Amends § 256B.0627, subd. 11. Allows shared private duty nursing services to be provided outside the home or foster care home of one of the recipients, when normal life activities take the recipients outside the home. Changes a reference to "several" recipients to "two" recipients, to be consistent with limits on the number of persons who can receive shared services.
- 12 **Payment for persons with special needs for crisis intervention services.** Amends § 256B.501, subd. 8a. Eliminates the requirement that an ICF/MR have a shared services agreement with the crisis services provider, in order for payment for crisis services to be made, and makes a conforming change.
- 13 **Contract provisions.** Amends § 256B.5011, subd. 2. Modifies requirements for ICF/MR service contracts. Requires each ICF/MR to identify at least one performance measure on which to focus quality improvement efforts, strikes an outdated reference to a report, and requires the commissioners of human services and health to determine what provisions in the supervised living facility rule may be waived in order for ICF/MRs to implement performance measures, provide quality services, and not duplicate or increase regulatory requirements.
- 14 **Variable rate adjustments.** Amends § 256B.5013, subd. 1. Modifies procedures for variable rate adjustments for ICF/MR residents. Clarifies that screening is required when a variable rate is being requested, and that counties recommend approval of enhanced rates. Specifies additional criteria to be considered in developing resident profiles and makes other changes.
- 15 **Required data; payment adjustments.** Amends § 256B.5013, by adding subd. 5. Requires facilities to maintain and submit monthly bed use data in the form of resident days and variable rate information. Specifies that total payments made to a facility may be adjusted to reflect changes in the needs of residents covered by a variable rate adjustment, except that the adjustment shall not result in a decrease in a facility's base payment rate.
- 16 **Commissioner review.** Amends § 256B.0913, by adding subd. 6. Requires the commissioner, during the initial contracting period, to review the process of variable rate adjustments, to determine if the variable rate process is being effectively implemented, minimizes unnecessary

recordkeeping, and meets recipient needs.

- 17 **Responsibilities of the county administrative entity.** Amends § 256B.77, subd. 8. Requires prepaid health plans to contract with nonprofit community clinics or community health services agencies, if clients in the demonstration project for persons with disabilities choose to receive services from the clinic or agency, and the clinic or agency agrees to competitive payment rates. States that nonprofit community clinic includes a community mental health center.
- 18 **Effective date.** States that section 6 is effective the day following final enactment.