

House Research Act Summary

CHAPTER: 47

SESSION: 2003 Regular Session

TOPIC: MA Capitated Payment Option

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Overview

This act authorizes the commissioner of human services to initiate various capitated risk-based managed care pilot projects for services provided to persons with developmental disabilities.

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- 1** **Managed care pilot.** Amends § 252.46, by adding subd. 21. Allows the commissioner to initiate a capitated risk-based managed care option for persons with mental retardation or related conditions, that includes capitated payments for day training and habilitation and alternative active treatment services. Allows the commissioner to permit negotiation of day training and habilitation rates and to grant variances. Requires the commissioner to report financial and program results to the legislature and recommend whether the pilot should be expanded.
- 2** **ICF/MR managed care option.** Adds § 256B.5016. Allows the commissioner to initiate a capitated risk-based managed care option for ICF/MR services, according to the terms and conditions of the federal agreement governing the managed care pilot. Allows the commissioner to grant variances. Requires the commissioner to report financial and program results to the legislature and recommend whether the pilot should be expanded.
- 3** **Nursing home services.** Amends § 256B.69, subd. 6a. Specifies that nursing home services and ICF/MR services under the prepaid medical assistance program for individuals enrolled in demonstration projects are covered under the terms and conditions of the federal agreement governing the demonstration project.
- 4** **Alternative integrated long-term care services; elderly and disabled persons.** Amends § 256B.69, subd. 23. Allows the commissioner to implement demonstration projects for persons with developmental disabilities. Allows the commissioner to capitate payments for

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ICF/MR services, waived services for persons with mental retardation or related conditions (including case management, day training and habilitation, and alternative active treatment services), and other approved services. Requires case management and active treatment to be individualized and developed according to a person-centered plan. Requires costs of the projects to not exceed fee-for-service costs. Beginning July 1, 2003, and until two years after implementation, limits subcontractor participation in the long-term care disability pilot to a nonprofit long-term care system providing specified services to no more than 120 consumers with developmental disabilities in Carver, Hennepin, and Scott counties. Requires the commissioner to report to the legislature prior to expansion of the developmental disability pilot project. Provides that the paragraph expires two years after the implementation date.

5 Notification. Requires the commissioner of human services to notify the revisor of the implementation date of the pilot project.