

House Research Act Summary

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Article 1: Health and Human Services Technical Overview

This article makes technical and clarifying changes and corrections to the 2009 health and human services omnibus finance bill.

- 1 **Electronic drug prior authorization standardization and transmission.** Amends § 62J.497, subd. 5, as added by Laws 2009, ch. 79, art. 4, § 6. Removes the requirement that drug prior authorization requests be processed electronically by group purchasers.
- 2 **Nursing facility level of care.** Amends § 144.0724, subd. 11, as added by Laws 2009, ch. 79, art. 8, § 4. Corrects a cross-reference.
- 3 **Alternate overnight supervision technology; adult foster care license.** Amends §245A.11, subd. 7a, as added by Laws 2009, ch.79, art. 1, §4. Corrects a misspelled word.
- 4 **Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.** Amends § 245C.03, by adding subd. 6. Requires the commissioner to conduct background studies on specified individuals required to have a background study completed under this chapter.
- 5 **Licensed programs.** Amends §245C.04, subd. 1, as amended by Laws 2009, ch. 79, art. 1, §8. Clarifies that paragraph (f) applies to adult day services and to adult foster care license holders when the license holder resides in the foster home.
- 6 **Unlicensed home and community-based waiver providers of service to seniors and**

- individuals with disabilities.** Amends § 245C.04, by adding subd. 6. Requires providers required to initiate certain background studies to initiate the study before the individual begins a position allowing direct contact with persons served by the provider. Requires the commissioner to conduct a background study annually of specified individuals required to be studied under section 245C.03, subd. 6.
- 7 County agency to collect and forward information to the commissioner.** Amends §245C.05, subd. 2b, as added by Laws 2009, ch.79, art. 1, §9. Clarifies that this section applies to adult day services and to adult foster care license holders when the license holder resides in the foster home.
- 8 Adult foster care and family adult day services.** Amends §245C.10, subd. 5, as added by Laws 2009, ch. 79, art. 1, §12. Changes a headnote to also refer to family adult day services.
- 9 Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities.** Amends § 245C.10, by adding subd. 6. Requires the commissioner to recover the cost of background studies initiated by specified unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities through a fee of no more than \$20 per study.
- 10 Submission of reconsideration request.** Amends §245C.21, subd. 1a, as amended by Laws 2009, ch. 79, art. 1, §16. Clarifies that providers monitored by private licensing agencies are to submit reconsideration requests to the private agency.
- 11 State facility.** Amends §246.50, subd. 3. Excludes the MSOP from the definition of “state facility.”
- 12 Protection for American Indians.** Amends § 256.01, subd. 18b, as added by Laws 2009, ch. 79, art. 5, § 7. Changes, from February 18, 2009, to July 1, 2009, the effective date for a provision requiring the commissioner of human services to comply with federal requirements in the American Recovery and Reinvestment Act regarding American Indians.
- 13 Operating payment rates.** Amends § 256.969, subd. 2b, as amended by Laws 2009, ch. 79, art. 5, § 11. Provides the hospital payments rates are to be rebased at 74.25 percent of the full value, for the first three months of the rebased period beginning January 1, 2011.
- 14 Payment rates for births.** Amends § 256.969, by adding subd. 28. Modifies the blended rate for MA payments for hospital admissions for births. (The original language is stricken in the amendment to § 256B.76.) Provides that for admissions occurring on or after October 1, 2009, the payment rate for births for specified diagnostic categories shall be no greater than \$3,528. Exempts newborn care and requires managed care and county-based purchasing plan payments to be reduced to reflect the adjustment. States that prior authorization shall not be required before reimbursement is paid for cesarean section delivery.
- 15 Reimbursement for the fee increase for the early hearing detection and intervention program.** Amends § 256.969, subd. 29, as added by Laws 2009, ch. 79, art. 5, § 15. Modifies the adjustment to hospital payment rates that is to be made to include the increase in the fee for the early hearing detection and intervention program.
- 16 Consumer information and assistance and long-term care options counseling; Senior**

- LinkAge Line.** Amends § 256.975, subd. 7, as amended by Laws 2009, ch. 79, art. 8, § 16. Makes a technical change and corrects a cross-reference.
- 17 Treatment of trusts.** Amends § 256B.056, subd. 3b. Defines “pooled trust” for purposes of this section. Provides that a beneficiary’s interest is an available asset unless the trust provides for the department to receive any amount, minus administrative fees and a retained remainder, that remains in the trust up to the amount of the medical assistance paid on behalf of the beneficiary. This section is effective for pooled trusts established on or after January 1, 2011.
- 18 Treatment for colorectal cancer.** Amends § 256B.057, subd. 11, as added by Laws 209, ch. 79, art. 5, § 19. Corrects a reference to federal law.
- 19 Citizenship requirements.** Amends § 256B.06, subd. 4, as amended by Laws 2009, ch. 79, art. 5, § 23. Allows children and pregnant women who are not qualified noncitizens but are legally present to be eligible for MA with federal participation.
- 20 Health services policy committee.** Amends § 256B.0625, subd. 3c, as amended by Laws 2009, ch. 79, art. 5, § 26. Requires managed care and county-based purchasing plans to provide the commissioner, rather than the health services policy committee, with utilization and cost data related to monitoring and tracking physician practice patterns. Requires the commissioner to make this data available to the committee.
- 21 Medication therapy management services.** Amends § 256B.0625, subd. 13h, as amended by Laws 2009, ch. 79, art. 5, § 31. Specifies that the pilot project for intensive medication therapy management must begin by January 1, 2010 and end June 30, 2012.
- 22 Authorization; personal care assistance and qualified professional.** Amends § 256B.0655, subd. 4, as amended by Laws 2009, ch. 79, art. 8, § 28. Updates terminology to be consistent throughout the PCA statutes.
- 23 Responsible party; generally.** Amends § 256B.0659, subd. 9, as added by Laws 2009, ch. 79, art. 8, § 31. Removes a January 1, 2010, effective date.
- 24 Responsible party; duties; delegation.** Amends § 256B.0659, subd. 10, as added by Laws 2009, ch. 79, art. 8, § 31. Removes language requiring the delegated responsible party to live with the recipient of PCA services while serving as the responsible party to make this language consistent with the other PCA statutes related to responsible parties.
- 25 Qualified professional; qualifications.** Amends § 256B.0659, subd. 13, as added by Laws 2009, ch. 79, art. 8, § 31. Adds a January 1, 2010, effective date to a provision related to provider training.
- 26 Requirements for initial enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21, as added by Laws 2009, ch. 79, art. 8, § 31. Corrects a grammatical error.
- 27 Transitional assistance.** Amends § 256B.0659, subd. 29, as added by Laws 2009, ch. 79, art. 8, § 31. Requires specified organizations to work together to provide transitional assistance to PCA recipients and families to come into compliance with the new program requirements that may require a change in living arrangement no later than August 10, 2010. Removes language prohibiting PCA services from being provided by the housing

provider.

- 28 Definitions.** Amends § 256B.0911, subd. 1a, as amended by Laws 2009, ch. 79, art. 8, § 33. Inserts a dropped word.
- 29 Phase-in of rebased operating payment rates.** Amends § 256B.441, subd. 55, as amended by Laws 2009, ch. 79, art. 8, § 61. Clarifies language related to the phase-in of rebased operating payment rates, by providing that for the rate years beginning October 1, 2010, October 1, 2011, and October 1, 2012, rate adjustments shall be determined under the alternative payment system and not under the rebasing phase-in provision.
- 30 Waivered services statewide priorities.** Amends § 256B.49, subd. 11a, as added by Laws 2009, ch. 79, art. 8, § 64. Modifies the subdivision title to conform to another related subdivision title.
- 31 Reimbursement rates for births.** Amends § 256B.756, as added by Laws 2009, ch. 79, art. 5, § 50. Modifies the methodology for calculating the professional services reimbursement rate for specified diagnosis-related groups related to births. Specifies the reduction in the frequency of cesarean births in terms of a percentage, rather than as a standard deviation. Also eliminates language establishing the facility payment rate; modified language is reinstated in § 256.969, subd. 28.
- 32 Physician reimbursement.** Amends § 256B.76, subd. 1, as amended by Laws 2009, ch. 79, art. 5, § 51. Modifies the exemption for primary care services from the 5 percent ratable reduction for physician and professional services, by referring to visits rather than procedure codes and clarifying terminology related to the provider types exempted.
- 33 General assistance medical care; services.** Amends § 256D.03, subd. 4, as amended by Laws 2009, ch. 79, art. 5, § 53. Clarifies that rates for county-based purchasing plans are also to be reduced to reflect the reduction in payment for physician and professional services.
- 34 Eligibility.** Amends § 256J.575, subd. 3, as amended by Laws 2009, ch. 79, art. 2, § 23. Removes language requiring MFIP participants to be treated as eligible participants of family stabilization services until necessary documentation is obtained.
- 35 Chiropractic services.** Amends § 256L.03, subd. 3b, as added by Laws 2009, ch. 79, art. 5, § 54. Provides that a provision that expands MinnesotaCare coverage for chiropractic services is effective upon federal approval.
- 36 Families with children.** Amends § 256L.04, subd. 1, as amended by Laws 2009, ch. 79, art. 5, § 55. Provides an effective date of July 1, 2009, or upon federal approval, for a provision that exempts children who were residing in a juvenile residential correctional facility or foster home from MinnesotaCare eligibility requirements.
- 37 Open enrollment and streamlined application and enrollment process.** Amends § 256L.05, subd. 1c, as added by Laws 2009, ch. 79, art. 5, § 60. Eliminates unnecessary language and provides that the four-page application requirement applies to children. Changes the effective date from July 1, 2010, to July 1, 2009.
- 38 Medical assistance rate to be used.** Amends § 256L.11, subd. 1, as amended by Laws 2009, ch. 79, art. 5, § 67. Clarifies that the reduction in payment rates for physician and

professional services also applies to the MinnesotaCare program.

- 39 Local welfare agency, Department of Human Services or Department of Health responsible for assessing or investigating reports of maltreatment.** Amends § 626.556, subd. 3c, as amended by Laws 2009, ch. 79, art. 8, § 74. Clarifies the language related to investigations of reports involving children served by unlicensed PCA organizations. Requires copies of findings related to PCA provider organizations to be forwarded to the DHS provider enrollment.
- 40 Repealer.** Adds an April 1, 2010 effective date to the repeal of the GRH community living adjustment.
- 41 Physicians' services.** Amends § 256B.0625, subd. 3, as amended by Laws 2009, ch. 79, art. 5, § 25. Reinstates language that prohibits payment to physicians who contribute or cause an adverse health event for additional services provided to treat the adverse health event; this language was adopted by the conference committee but was mistakenly dropped from the bill.
- 42 Reimbursement for basic care services.** Amends § 256B.766, as added by Laws 2009, ch. 79, art. 5, § 52. Exempts federally qualified health centers, rural health centers, and Medicare cost-sharing from the basic care ratable, to conform to tracking.
- 43 Effective date.** Amends Laws 2009, ch. 79, art. 8, § 8. Modifies the effective date of the licensing moratorium, making it effective July 1, 2009, rather than the day following final enactment.
- 44 Interagency data exchange.** Amends Laws 2009, ch. 79, art. 8, § 13. Corrects a reference to HIPAA in § 256.0281.
- 45 Special needs.** Amends Laws 2009, ch. 79, art. 8, § 73. Removes language related to relocation to services without 24-hour supervision, assessment of the development of publicly owned housing, and first considering alternatives to home and community-based services. Adds language allowing certain recipients to choose housing that may or may not be owned, operated, or controlled by the recipient's service provider if the housing is located in a multi-family building of six or more units. Limits the maximum number of units that may be used by recipients of this program to 50 percent of the units in a building. Requires DHS to develop an exception process to the 50 percent maximum limit. Makes this paragraph expire June 30, 2011.
- 46 Process for establishing a service delivery authority.** Amends § 402A.30, subd. 4, as added by Laws 2009, ch. 79, art. 9, § 6. Corrects a grammatical error.
- 47 Feasibility pilot project for cancer surveillance.** Amends Laws 2009, ch. 79, art. 10, § 46. Eliminates the requirement that funding for a grant to Hennepin County Medical Center for cancer surveillance come from the MDH's current resources for the Chronic Disease and Environmental Epidemiology Section.
- 48 Exposure levels study.** Requires the commissioner of health to work with appropriate agencies to determine levels of exposure to pentachlorophenol (PCP) in certain Minneapolis neighborhoods where utility poles treated with PCP, creosote, or probable human carcinogens are installed.

- 49 Repealer.** Repeals Laws 2009, ch.79, art. 7, §12 (maximum rates for vendors of consolidated chemical dependency treatment fund services).

Article 2: Technical Appropriation Changes

Overview

This article makes technical and clarifying changes and corrections to the appropriations article of the 2009 health and human services omnibus bill.

Article 3: Health Care Eligibility

Overview

This article contains various provisions related to health care policy.

- 1 Consumer information.** Amends § 62J.2930, subd. 3. Makes a conforming change related to a cross-reference to a section repealed in the bill.
- 2 Duties of the commissioner of human services.** Amends § 245.494, subd. 3. Makes a conforming change related to a cross-reference to a section repealed in the bill.
- 3 Cooperation with information requests required.** Amends § 256.015, subd. 7. The amendment to paragraph (a) requires state agencies and third party payers to cooperate with the commissioner of human services in sharing information to help establish third-party liability as required by the Deficit Reduction Act of 2005. The provision also requires employers or third party payers to furnish coverage data to the commissioner of human services within 60 days of the request.

A new paragraph (c) requires the commissioner of public safety to provide accident data as requested by the commissioner of human services, and states that this disclosure does not violate the prohibition in current law on accident disclosure.

The amendments to paragraphs (b) and (d) make technical changes.
- 4 Payments.** Amends § 256.969, subd. 3a. Corrects a date.
- 5 Other contracts permitted.** Amends § 256B.037, subd. 5. Makes a conforming change to a cross-reference to a section repealed in the bill.
- 6 Families with children income methodology.** Amends § 256B.056, subd. 1c. Requires annual gifts of \$2,000 or less by a tax exempt organization to or for the benefit of a child age 18 or under with a life-threatening illness to be disregarded as income for purposes of MA eligibility.
- 7 Asset limitations for families and children.** Amends § 256B.056, subd. 3c. States that assets designated as burial expenses are excluded under MA to the same extent they are

excluded by the Supplemental Security Income program.

- 8 Assignment of benefits.** Amends § 256B.056, subd. 6. Makes a conforming change related to a cross-reference to a section repealed in the bill.
- 9 Drug utilization review board; report.** Amends § 256B.0625, by adding subd. 13i. Establishes a nine-member Drug Utilization Review Board and specifies membership and duties. Requires the board to report annually to the commissioner. Provides that the board does not expire.
- 10 Centers of excellence.** Amends § 256B.0625, by adding subd. 53. Allows the commissioner, in consultation with the Health Services Policy Committee, to develop centers of excellence criteria for complex medical procedures with a high variation in outcomes, for which Medicare requires facilities providing the services to meet certain criteria as a condition of coverage. For MA fee-for-service enrollees, allows the commissioner to make coverage of these procedures conditional on a facility meeting the criteria. Provides an effective date of August 1, 2009, or upon federal approval, whichever is later.
- 11 Coordination and provision of services.** Amends § 256B.094, subd. 3. Makes a conforming change related to a cross-reference to a section repealed in the bill.
- 12 Federal approval required.** Amends § 256B.195, subd. 1. Removes an unnecessary cross-reference.
- 13 Payments from governmental entities.** Amends § 256B.195, subd. 2. Converts intergovernmental transfer payments to annual rather than monthly amounts.
- 14 Payments to certain safety net providers.** Amends § 256B.195, subd. 3. Converts a hospital payment schedule from a monthly to an annual basis.
- 15 Managed care contracts.** Amends § 256B.69, subd. 5a. Provides that contracts between the commissioner and a prepaid health plan are exempt from the set-aside and preference provisions of § 16C.16, subd. 6 (a), and 7.
- 16 Ombudsman.** Amends § 256B.77, subd. 13. Makes a conforming change related to a cross-reference to a section repealed in the bill.
- 17 General assistance medical care; eligibility.** Amends § 256D.03, subd. 3. Requires GAMC applicants to complete applications within the same time periods as required under MA, as specified in rule. Also modifies internal section coding.
- A new paragraph (r) requires the commissioner to seek federal waiver approval to create an optional MA eligibility category of childless adults, as a replacement for the GAMC program, and specifies related requirements.
- 18 Gross individual or gross family income.** Amends § 256L.01, subd. 4a. Provides a definition of income under MinnesotaCare for the farm self-employed that does not add back depreciation and makes related changes. Provides an effective date for the definition of income for the farm self-employed of July 1, 2009, or upon federal approval.
- 19 Copayments and coinsurance.** Amends § 256L.03, subd. 5. Limits the coinsurance for MinnesotaCare inpatient hospital services to \$1,000 per individual (eliminates a reference to

\$3,000 per family).

- 20** **Sliding fee scale; monthly gross individual or family income.** Reduces from 300 to 275 percent of FPG the maximum income to which the revised MinnesotaCare premium scale applies. Also requires those with incomes between 46-54 percent of FPG to pay a premium of \$4 or 1.1 percent of family income, whichever is greater. Provides an effective date of January 1, 2009, or upon federal approval, whichever is later, and requires the commissioner to notify the revisor when federal approval is obtained.
- 21-25** These sections amend the effective date to various sections in Laws 2005 that were effective upon HealthMatch implementation, by eliminating the reference to HealthMatch implementation and providing an effective date of August 1, 2009.
- 26** **Repealer.** (a) Repeals section 256B.031 (obsolete section related to prepaid health plans) and 256L.01, subdivision 4, (definition of income for MinnesotaCare).
- (b) Repeals Laws 2005, First Special Session chapter 4, article 8, sections 21, 22, 23, and 24 (provisions related to HealthMatch that are no longer necessary).
- Provides an effective date of August 1, 2009.