

# House Research Act Summary

**CHAPTER:** 63

**SESSION:** 2013 Regular Session

**TOPIC:** DHS Continuing Care Policy Bill

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## Overview

This act contains the Department of Human Services continuing care policy provisions. Included in the bill are provisions modifying advisory task forces, nursing homes, resident relocation, long-term care consultation services, MA-EPD, assessments, and reporting of maltreatment.

### Section

- 1**      **Creation; limitations.** Amends § 15.014, subd. 2. Modifies advisory task forces by allowing more than four advisory task forces to be paid expenses when there are task forces mandated by court order.
- 2**      **Appeal of nursing facility level of care determination.** Amends § 144.0724, subd. 12. Corrects a cross-reference.
- 3**      **Consolidation of nursing facilities.** Amends § 144A.071, subd. 4d. Clarifies the effective date of a rate adjustment under a nursing facility consolidation plan. Specifies if more than one facility is receiving upgrades in the consolidation plan, each facility's date of construction must be evaluated separately.
- 4**      **Nursing home and boarding care home resident relocation.** Amends § 144A.161.
  - Subd. 1. Definitions.** Adds definitions for "change in operations," "contact information," "facility," "licensee," "reduction," and "responsible party." Modifies definitions of "closure," "county social services agency," "relocation plan," and "relocation." Removes the definition of "curtailment."
  - Subd. 1a. Scope.** Makes a conforming change.

**Section**

**Subd. 2. Initial notice from licensee.** Makes technical and conforming changes. Modifies notification requirements of licensees intending to close, reduce, or change operations, including notifying managed care organizations contracting with Minnesota health care programs within the county in which the facility is located. Prohibits a closing facility from admitting any new residents on or after the date the written notice is provided.

**Subd. 3. Planning process.** Makes technical and conforming changes. Modifies the information that must be included in a relocation plan. Removes language allowing for the planning process to occur concurrent with a 60-day notice requirement.

**Subd. 4. Responsibilities of licensee for resident relocations.** No changes.

**Subd. 5. Licensee responsibilities related to sending the notice in subdivision 5a.** Modifies the membership of the interdisciplinary team to include a representative from the Office of the Ombudsman for Mental Health and Developmental Disabilities. Modifies the information that must be provided on each resident to be relocated and to whom the information must be provided.

**Subd. 5a. Administrator and licensee responsibility to provide notice.** Makes technical and conforming changes. Modifies the list of who must receive notice prior to a change in operations that requires resident relocation. Modifies the information that must be included in the notice.

**Subd. 5b. Licensee responsibility regarding medical information.** Repeals this subdivision.

**Subd. 5c. Licensee responsibility regarding placement information.** Modifies the licensee's responsibilities regarding resident discharge and relocation.

**Subd. 5d. Licensee responsibility to meet with residents and responsible parties.** Makes technical and conforming changes.

**Subd. 5e. Licensee responsibility for site visits.** Requires licensees to make available to the resident at no charge transportation for up to three site visits to facilities or other living options within the county or contiguous counties.

**Subd. 5f. Licensee responsibility for resident property, funds, and communication devices.** Makes technical and conforming changes.

**Subd. 5g. Licensee responsibilities for final written discharge notice and records transfer.** Makes technical and conforming changes. Modifies the information that must be included in the final written discharge notice.

**Subd. 6. Responsibilities of licensee during relocation.** Makes technical and conforming changes. Requires status reports to be submitted in the format required by the commissioners of Health and Human Services.

**Section**

**Subd. 7. Responsibility of licensee following relocation.** No changes.

**Subd. 8. Responsibilities of county social services agency.** Makes technical and conforming changes. Requires the county social services agency to notify specified parties in situations where a resident relocation is halted.

**Subd. 9. Penalties.** No changes.

**Subd. 10. Facility closure rate adjustment.** No changes.

**Subd. 11. County costs.** Repeals this subdivision.

- 5 Asset limitations for individuals and families.** Amends § 256B.056, subd. 3. Removes obsolete language. Makes this effective January 1, 2014.
- 6 Employed persons with disabilities.** Amends § 256B.057, subd. 9. Removes language requiring the commissioner to notify enrollees of the MA-EPD program annually beginning at least 24 months before the person's 65<sup>th</sup> birthday of the MA eligibility rules affecting income, assets, and treatment of a spouse's income and assets that will be applied upon reaching age 65.
- 7 Authorization; private duty nursing services.** Amends § 256B.0652, subd. 5. Corrects cross-references.
- 8 PCA care plan.** Amends § 256B.0659, subd. 7. Modifies the PCA care plan.
- 9 Special instructions; gender.** Amends § 256B.0659, by adding subdivision 7a. Requires PCA agencies to make a reasonable effort to fulfill requests for a PCA of the same gender as the recipient.
- 10 Assessment and support planning.** Amends § 256B.0911, subd. 3a. For a person who is to be assessed for CAC, CADI, DD, or BI services, allows the person's current provider of services to submit a written report outlining recommendations for the person's care needs prepared by a direct service employee with at least 20 hours of service to that client. Requires the person conducting the assessment to notify the provider of the date by which this information must be submitted. Specifies to whom the information must be provided and requires the information to be considered prior to the finalization of the assessment or reassessment. Corrects cross-references. Removes a requirement that assessments and support plan information be updated in a face-to-face visit if the assessment was completed more than 60 days before the effective date of waiver or AC program eligibility.
- 11 Assessments.** Amends § 256B.092, subd. 7. Requires assessments and reassessments to be conducted by certified assessors and to incorporate appropriate referrals to determine eligibility for case management. Removes language related to screening teams. Makes technical and conforming changes to terminology in order to implement the MNCHOICES assessment tool.

**Section**

- 12 Rebasing of nursing facility operating payment rates.** Amends § 256B.441, subd. 1. Modifies filing dates for the statistical and cost report each nursing facility is required to file.
- 13 Reporting of statistical and cost information.** Amends § 256B.441, subd. 43. Removes the commissioner's authority to grant deadline extensions to nursing facilities to file the statistical and cost report.
- 14 Critical access nursing facilities.** Amends § 256B.441, subd. 63. Corrects a cross-reference. Makes this section effective the day following final enactment.
- 15 Assessment and reassessment.** Amends § 256B.49, subd. 14. Allows the certified assessor to invite other individuals to attend the assessment, with the permission of the recipient or the recipient's designated legal representative. Makes conforming changes to terminology.
- 16 Home and community-based settings for people with disabilities.** Amends § 256B.492. Adds child foster care to the list of settings in which home and community-based services may be provided.
- 17 Duties of county social services agency.** Amends § 626.557, subd. 10. Requires counties to use the structured decision-making tool for assessment of maltreated vulnerable adults. Requires the information entered by the county into the standardized tool to be accessible to DHS.
- 18 Third-party reimbursement for long-term care consultation services.** Requires DHS to submit a waiver request to the federal government to amend the state's Medicaid cost allocation plan to allow county or tribal agencies to contract with nongovernmental agencies to conduct assessments and be reimbursed for assessments conducted under contract.
- 19 Recommendations for further case management redesign.** Requires the commissioner of human services to consult with specified stakeholders and report to the legislature with recommendations and proposed legislation for case management redesign by February 1, 2014.
- 20 Repealer.** Repeals § 256B.437, subd. 8 (nursing facility voluntary closure; county costs), and Laws 2012, ch. 216, art. 11, § 31 (modifications to DD waiver assessments).