HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 1406 **DATE:** May 18, 2011
Version: Second engrossment

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Subject: DHS Continuing Care Policy Bill

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Article 1: Telephone Equipment Program

Overview

This article makes changes to the telephone equipment distribution (TED) program that provides telecommunications equipment to eligible individuals who have a hearing loss, speech, or physical disability that prevents them from using standard equipment. TED provides equipment only; program participants must pay their own monthly service costs. The proposed changes are to remove obsolete language and modernize the TED program to be able to accommodate the needs of current and future program participants.

1 **Definitions.** Amends § 237.50. Updates definitions within the TED program. Removes definitions of "communication device," "exchange," "interexchange service," "inter-LATA interexchange service," "local access and transport area," and "local exchange service." Adds definitions of "deafblind," "telecommunications device," "telecommunications," and "telecommunications services."

2 **Telecommunications access Minnesota program administration.** Amends § 237.51. Modernizes terminology and requires devices to be provided to individuals based on assessed need.

3 **Telecommunications access Minnesota fund.** Amends § 237.52. Modernizes terminology and clarifies a reference to the Public Utilities Commission.

4 **Telecommunications device.** Amends § 237.53. Modernizes terminology, removes a requirement for telephone companies to install outside wiring to certain households, and requires the commissioner to establish policies and procedures for the return of equipment when individuals are no longer eligible for the program.

5 **Telecommunications relay services (TRS).** Amends § 237.54. Modernizes terminology and requires TRS providers to comply with all current and subsequent FCC regulations related to TRS and related customer premises equipment for persons with disabilities.

6 **Annual report on telecommunications access.** Amends § 237.55. Clarifies a reference to the Public Utilities Commission and modernizes terminology.

7 **Adequate service enforcement.** Amends § 237.56. Modernizes terminology and clarifies who may participate in the consumer protection process.

Article 2: Disability Services

Overview

This article makes changes to disability services. The proposed changes provide the commissioner the authority to indicate on a license whether the physical location of a foster care setting is the primary residence of the license holder, includes the community residential setting license in the development of the quality outcome standards, consolidates certain reporting requirements, modifies the PCA program to remove inconsistencies in statute and comply with federal waiver and state plan requirements, and modifies the quality outcome standards to exclude customized living services.

1 **Licensing moratorium.** Amends § 245A.03, subd. 7. Allows for new foster care licenses due to the downsizing of a nursing facility, ICF/MR, or regional treatment center. Removes obsolete language. Provides the commissioner the authority to indicate on a license whether the physical location of a foster care setting is the primary residence of the license holder. Requires license holders to notify the commissioner immediately if their primary residence changes. Specifies notification requirements of license holders who also provide services in the foster care home that are covered by a federally approved home and community-based waiver, specifies that these providers are considered registered under the residential support services provision, and requires this registration status to be identified on the license.

2 **Community residential setting license.** Amends § 245A.11, subd. 8. Postpones a requirement that the commissioner propose statutory language and an implementation plan for licensing requirements for residential support services to the legislature from January 15, 2011, to January 15, 2012, and makes it part of the quality outcome standards.

3 **Support grants.** Amends § 252.32, subd. 1a. Makes families who are receiving services under the home and community-based waivers for persons with disabilities, PCA services, or a consumer support grant ineligible to receive a family support grant.

4 **Report by commissioner.** Creates § 252.34. Beginning July 1, 2013, creates one biennial report to the legislature that contains the overarching goals and priorities for individuals with disabilities, including the status of various programs.

5 **Rules.** Amends § 252A.21, subd. 2. Removes a requirement that the guardianship rule address quarterly reports for public wards.

6 **Consumer support grant program after July 1, 2001.** Amends § 256.476, subd. 11. Modifies the methodology used to calculate the maximum allowable monthly consumer support grant.

7 **Personal care.** Amends § 256B.0625, subd. 19c. Clarifies cross-references.

8 **Definitions.** Amends § 256B.0659, subd. 1. Modifies the definition of "extended PCA service."

9 **Noncovered PCA services.** Amends § 256B.0659, subd. 3. Clarifies language and removes obsolete language.

10 **Responsible party; generally.** Amends § 256B.0659, subd. 9. Modifies the list of persons prohibited from being the responsible party.

11 **PCA; requirements.** Amends § 256B.0659, subd. 11. Removes obsolete language and makes

technical changes.

12 **Qualified professional; qualifications.** Amends § 256B.0659, subd. 13. Postpones the effective date, by one year, of certain training requirements for qualified professionals. Makes technical and clarifying changes regarding the requirements of the training. Requires qualified professionals working for a Medicare-certified home health agency to successfully complete the competency test.

13 **Qualified professional; duties.** Amends § 256B.0659, subd. 14. Makes technical changes and modifies the list of activities that are not eligible for MA payment as qualified professional services.

14 **PCA choice option; qualifications; duties.** Amends § 256B.0659, subd. 19. Modifies the list of PCA choice provider agency requirements by removing a reference to qualified professionals.

15 **Requirements for initial enrollment of PCA provider agencies.** Amends § 256B.0659, subd. 21. Modifies requirements related to employee training. Requires Medicare-certified home health agency owners, supervisors, and managers to successfully complete the competency test.

16 **Notice of service changes to recipients.** Amends § 256B.0659, subd. 30. Places a sunset date of January 1, 2012 on a requirement to provide notice of changes in MA PCA services to each affected recipient at least 30 days before the effective date of the change.

17 **Annual report by commissioner.** Amends § 256B.0916, subd. 7. Sunsets an annual reporting requirement related to the DD waiver on January 1, 2012. This reporting requirement is replaced by the new report created under section 4.

18 **Residential support services.** Amends § 256B.092, subd. 11. Makes providers licensed to provide child foster care or adult foster care registered under this section.

19 **Biennial report.** Amends § 256B.096, subd. 5. Sunsets a biennial reporting requirement related to the quality management, assurance, and improvement system on January 1, 2012. This reporting requirement is replaced by the new report created under section 4.

20 **Report.** Amends § 256B.49, subd. 21. Sunsets an annual reporting requirement related to the CAC, CADI, and TBI waivers on January 1, 2012. This reporting requirement is replaced by the new report created under section 4.

21 **Home and community-based waivers; providers and payment.** Amends § 256B.4912.

Subd. 1. Provider qualifications. Modifies provider qualifications for the home and community-based waivers.

Subd. 1a. Definitions. Defines "home and community-based service providers" and "home and community-based service administrators."

Subd. 2. Rate-setting methodologies.

Subd. 3. Payment rate criteria. Specifies the payment rate criteria and activities that the commissioner is prohibited from reimbursing.

Subd. 4. Rate exception process. Requires the payment structures and methodologies to include an exception process for certain persons with special needs.

Subd. 5. Shared service limits. Allows the commissioner to limit the number of people who share waiver and day services. Requires the payment structures and methodologies to reflect the option to share services within the limits established by the commissioner.

Subd. 6. Home and community-based service administrator roles and responsibilities. Requires the commissioner to define roles and responsibilities of home and community-based

service administrators.

Subd. 7. Recommendations to legislature. Requires the commissioner to consult with existing advisory groups on rate-setting methodologies and other specified items and make recommendations to the legislature by January 15, 2012.

22 **Streamline consumer-directed services.** Requires the commissioner of human services to prepare and provide recommendations for streamlining administrative oversight, financial management, and payment protocols for various consumer-directed services administered through the commissioner. Requires the commissioner to report to the legislature by January 15, 2012, with the recommendations prepared under this section.

Article 3: Comprehensive Assessment and Case Management Reform

Overview

This article modifies the PCA program to clarify definitions for eligibility and coverage for PCA services that will align with current policy and the comprehensive assessment and clarify who can do PCA assessments, modifies long-term care consultations to define administrative functions for assessment for program and service eligibility determinations and level of care for persons who are in need of long-term care services, modifies case management to define the service of case management or service coordination, eliminates PCA services as an excluded time service for purposes of determining county of financial responsibility, and requires the commissioner to make recommendations for additional changes to the case management system.

1 **Definitions.** Amends § 256B.0659, subd. 1. Modifies the definition of "level I behavior."

2 **Personal care assistance services; covered services.** Amends § 256B.0659, subd. 2. Clarifies coverage of PCA services to align with current policy and the comprehensive assessment.

3 **Assessment; defined.** Amends § 256B.0659, subd. 3a. Clarifies who can do PCA assessments and adds a sunset date to the subdivision. Makes timelines for completing assessments consistent with all assessments identified in the long-term care statute. Removes language allowing referrals to be made for PCA services by providers.

4 **Assessment for PCA services; limitations.** Amends § 256B.0659, subd. 4. Modifies the list of criteria that apply to the PCA assessment for complex health-related needs.

5 **Purpose and goal.** Amends § 256B.0911, subd. 1. Makes technical and clarifying changes to the purpose and goal of long-term care consultation services.

6 **Definitions.** Amends § 256B.0911, subd. 1a. Modifies the definition of "long-term care consultation services."

7 **Certified assessors.** Amends § 256B.0911, subd. 2b. Makes this section effective upon completion of the training and certification process. Removes language requiring assessors to be part of a multidisciplinary team and removes requirements related to assessments for persons with complex health care needs.

8 **Assessor training and certification.** Amends §256B.0911, subd. 2c. Requires service providers to be certified within timelines specified by the commissioner. Removes obsolete language.

9 **Long-term care consultation team.** Amends § 256B.0911, subd. 3. Specifies that certified assessors must be part of a multidisciplinary team and specifies the other professionals that must be part of the team. Adds a reference to tribes.

10 **Assessment and support planning.** Amends § 256B.0911, subd. 3a. Modifies the effective date of when the assessment and support planning subdivision applies to PCA and private duty nursing services. Specifies who must be consulted for persons with complex health care needs. Adds language specifying the information that must be included in the written community support plan. Modifies the list of information that must be provided to the person receiving the assessment. Makes technical changes.

11 **Transition assistance.** Amends § 256B.0911, subd. 3b. Makes technical and conforming changes. Modifies lead agency duties related to transition assistance.

12 **Transition to housing with services.** Amends § 256B.0911, subd. 3c. Makes technical and conforming changes.

13 **Preadmission screening activities related to nursing facility admissions.** Amends § 256B.0911, subd. 4a. Makes technical and conforming changes.

14 **Screening requirements.** Amends § 256B.0911, subd. 4c. Makes technical and conforming changes.

15 **Payment for long-term care consultation services.** Amends § 256B.0911, subd. 6. Adds a cross-reference. Removes a cross-reference. Clarifies that until a new payment methodology is implemented, payment for assessments will continue to be billed as it is currently. Modifies a direction to the commissioner regarding development of a new payment methodology.

16 **Case management.** Amends § 256B.0913, subd. 7. Makes technical and conforming changes. Specifies case manager responsibilities.

17 **Requirements for individual coordinated services and support plan.** Amends § 256B.0913, subd. 8. Makes technical and conforming changes. Specifies the requirements the coordinated services and support plan must meet.

18 **Elderly waiver case management services.** Amends § 256B.0915, subd. 1a. Modifies the activities included in case management services. Requires case managers to collaborate with specified persons in the development and review of the coordinated services and support plan. Requires case management services to be provided by either a public or private agency. Defines "private agency." Lists the activities included under case management services.

19 **Provider qualifications and standards.** Amends § 256B.0915, subd. 1b. Makes conforming changes. Requires health plans to arrange or provide for elderly waiver case management services as part of an integrated delivery system.

20 **Service approval and contracting provisions.** Amends § 256B.0915, subd. 3c. Makes a conforming change.

21 **Implementation of coordinated services and support plan.** Amends § 256B.0915, subd. 6. Lists the requirements related to coordinated services and support plan.

22 **Waiver payment rates; managed care organizations.** Amends § 256B.0915, subd. 10. Corrects a cross-reference.

23 **County of financial responsibility; duties.** Amends § 256B.092, subd. 1. Makes technical and conforming changes.

24 **Case management services.** Amends § 256B.092, subd. 1a. Removes language related to the administrative functions of case management. Requires home and community-based waiver recipients to be provided case management services by qualified vendors as described in the federally approved waiver application. Modifies the list of case management service activities. Requires case

management services to be provided by either a public or private agency. Defines "private agency." Makes technical and conforming changes.

25 **Coordinated service and support plan.** Amends § 256B.092, subd. 1b. Requires each recipient of case management services and any legal representative to be provided a written copy of the coordinated service and support plan and specifies requirements of the plans.

26 **Coordination, evaluation, and monitoring of services.** Amends § 256B.092, subd. 1e. Makes technical and conforming changes.

27 **Conditions not requiring development of coordinated service and support plan.** Amends § 256B.092, subd. 1g. Makes technical and conforming changes.

28 **Medical assistance.** Amends § 256B.092, subd. 2. Makes a conforming change.

29 **Authorization and termination of services.** Amends § 256B.092, subd. 3. Makes technical and conforming changes and adds a cross-reference to long-term care consultations.

30 **Federal waivers.** Amends § 256B.092, subd. 5. Makes conforming changes to terminology.

31 **Assessments.** Amends § 256B.092, subd. 7. Requires assessments and reassessments to be conducted by certified assessors according to the long-term care consultation statute, and requires assessments and reassessments to incorporate appropriate referrals to determine eligibility for case management. Makes technical and conforming changes. Removes language related to screening teams and case manager responsibilities.

32 **Additional certified assessor duties.** Amends § 256B.092, subd. 8. Modifies the certified assessor's duties for persons with developmental disabilities.

33 **County notification.** Amends § 256B.092, subd. 8a. Modifies the procedure by which a county of financial responsibility places a person in another county for services. Specifies that this section also applies to the CAC, CADI, and TBI waivers.

34 **Reimbursement.** Amends § 256B.092, subd. 9. Makes technical and conforming changes related to changes in terminology.

35 **Residential support services.** Amends § 256B.092, subd. 11. Makes technical and conforming changes related to changes in terminology.

36 **Case management.** Amends § 256B.49, subd. 13. Modifies the list of case management service activities for the CAC, CADI, and TBI waivers. Prohibits the case manager from delegating certain duties. Requires case management services to be provided by either a public or private agency. Defines "private agency."

37 **Assessment and reassessment.** Amends § 256B.49, subd. 14. Requires assessments and reassessments for CAC, CADI, and TBI services to be conducted by certified assessors according to the long-term care consultation statute.

38 **Coordinated service and support plan.** Amends § 256B.49, subd. 15. Aligns the coordinated service and support plan requirements for recipients of waivers under this section with the requirements for recipients of the DD waiver.

39 **Excluded time.** Amends § 256G.02, subd. 6. Removes a reference to the PCA program from the definition of "excluded time" under the unitary residence and financial responsibility chapter.

40 **Recommendations for further case management redesign.** Requires the commissioner to develop a legislative report with specific recommendations and language for proposed legislation to be

effective July 1, 2012, for further case management redesign. Specifies what must be included in the recommendations and proposed legislation.

Article 4: Nursing Facilities

Overview

This article makes changes to nursing facility relocation project and hardship area statutes, publicly owned nursing facilities, and the case mix system.

1 **Exceptions authorizing increase in beds; hardship areas.** Amends § 144A.071, subd. 3. Modifies the criteria and process under which the commissioner of health, in coordination with the commissioner of human services, may approve the addition of new licensed and certified nursing home beds. Specifies the criteria to be used to determine that an area of the state is a hardship area with regard to access to nursing facility services. Specifies the process to be used in designated hardship areas to add beds.

2 **Uniform consumer information guide.** Amends § 144D.08. Specifies that this section does not apply to housing with services establishments serving the homeless.

3 **Additional local share of certain nursing facility costs.** Amends § 256B.19, subd. 1e. Clarifies the start date of the inter-governmental transfer program, provides for the continuation of the program when the phase-in of rebasing is complete and specifies a replacement limit to go into effect at that time, and allows the commissioner to revoke participation rather than withhold funds in the event that an owner fails to make a timely payment of the nonfederal share.

4 **Payment limitation.** Amends § 256B.431, subd. 2t. Beginning January 1, 2012, updates resident reimbursement classifications from RUG-III to RUG-IV case-mix.

5 **Scope.** Amends § 256B.438, subd. 1. Updates cross-references and updates resident reimbursement classifications from RUG-III to RUG-IV effective January 1, 2012.

6 **Case mix indices.** Amends § 256B.438, subd. 3. Requires the commissioner to assign a case mix index to each resident class based on the CMS staff time measurement study upon implementation of the 48-group RUG-IV resident classification system. Requires the case mix indices assigned to each resident class to be published in the State Register at least 120 days prior to the implementation of the RUG-IV resident classification system.

7 **Resident assessment schedule.** Amends § 256B.438, subd. 4. Effective January 1, 2012, requires the commissioner to determine payment rates to account for the transition to RUG-IV, in a facility-specific, revenue-neutral manner.

8 **Rate determination upon transition to RUG-IV payment rates.** Amends § 256B.438, by adding subd. 8. Requires the commissioner to determine payment rates at the time of transition to the RUG-IV-based payment model. Requires nursing facilities to report certain information related to MA resident days to the commissioner for the six-month reporting period ending June 30, 2011. Specifies how the commissioner shall determine the case mix adjusted component for the January 1, 2012, rate. Specifies that noncase mix components will be allocated to each RUG group as a constant amount to determine the operating payment rate.

9 **Alternative to phase-in for publicly owned nursing facilities.** Amends § 256B.441, subd. 55a. Clarifies the start date of the inter-governmental transfer program, provides for the continuation of the program when the phase-in of rebasing is complete and specifies a replacement limit to go into effect at that time, allows annual application to participate, and permits the owner to revoke an application.

10 **Repealer.** Minn. Stat. § 144A.073, subds. 4 and 5 (criteria for review; replacement restrictions) are repealed.

Article 5: Technical

Overview

This article contains technical and conforming changes related to other changes made in the bill.

1 **Cost estimate of a moratorium exception project.** Amends § 144A.071, subd. 5a. Corrects a cross-reference.