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Overview

This bill 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.

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- 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** **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.
- 3** **Nursing home and boarding care home resident relocation.** Amends § 144A.161.
 - Subd. 1. Definitions.** Adds definitions for "change in operations," "contact information," "licensee," "reduction," and "responsible party." Modifies definitions of "closure," "facility," "county social services agency," "relocation plan," and "relocation." Removes the definition of "curtailment."
 - Subd. 1a. Scope.** Makes a conforming change.
 - Subd. 2. Initial notice from licensee.** Makes technical and conforming changes. Modifies notification requirements of licensees intending to close, reduce, or change

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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.

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

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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.

- 4 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 65th 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.
- 5 Authorization; private duty nursing services.** Amends § 256B.0652, subd. 5. Corrects cross-references.
- 6 Certified assessors.** Amends § 256B.0911, subd. 2b. Removes language allowing lead agencies to contract with a qualified certified assessor to conduct assessments and reassessments.
- 7 Long-term care consultation team.** Amends § 256B.0911, subd. 3. Exempts long-term care consultation teams from the requirement to provide services to all persons in the county who request services when a person is discharged from a regional treatment center and the county of financial responsibility is coordinating the person's discharge.
- 8 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.
- 9 Payment for long-term care consultation services.** Amends § 256B.0911, subd. 6. Eliminates county ability to contract with other agencies to provide long-term care consultation services.
- 10 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.

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- 11 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.
- 12 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.
- 13 Critical access nursing facilities.** Amends § 256B.441, subd. 63. Corrects a cross-reference. Makes this section effective the day following final enactment.
- 14 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.
- 15 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.
- 16 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.
- 17 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).