

HOUSE RESEARCH

Bill Summary

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Overview

The medical assistance program covers several levels of private duty nursing services. This bill changes the term “private duty nursing” to “home care nursing” and “regular private duty nursing” to “special needs home care nursing.” This bill modifies the criteria for two existing levels of nursing services, and establishes “technology dependent home care nursing” as a new level of nursing services. The bill also increases payment rates for the different levels of home care nursing services.

Section

- 1** **Definitions.** Amends § 256B.0654, subd. 1. Changes terminology, replacing the term “private-duty” nursing with “home care” nursing and the term “regular private duty nursing” with “special needs home care nursing.” Also modifies the definition of different levels of nursing services, and adds a new category of “technology dependent home care nursing” services.

The amendment to paragraph (a) renames “complex private duty nursing care” as “complex home care nursing.” Also modifies the criteria for this level of care, by replacing the requirement related to being ventilator dependent or meeting the criteria for an intensive care unit (ICU) level of care, with the requirement that a recipient meet the criteria for special needs home care nursing and need life-sustaining interventions, and further specifying that a recipient may require an ICU level of care.

The amendments to paragraphs (b), (c), and (e) change terminology. The amendment to paragraph (b) also defines home care nursing as physician directed, hourly nursing services.

The amendment to paragraph (d) renames “regular private duty nursing” as “special needs

Section

home care nursing.” Also modifies the criteria for this level of care by eliminating a reference to not needing an ICU level of care and adding a requirement that the recipient be dependent on technology requiring routine therapeutic interventions. Specifies that episodes of instability can be “resolved through further therapeutic interventions.” States that special needs home care nursing services are not provided to recipients with life-threatening episodes of instability (rephrasing a criterion in current law) and further provides that recipients must not require “life-sustaining” or “life-saving” interventions.

A new paragraph (f) establishes “technology dependent home care nursing” as a new level of care, and defines this level of care as nursing services provided to a recipient who meets all of the criteria for complex in-home nursing and who requires the use of life technology to prevent permanent harm or death.

Provides a July 1, 2014, effective date.

- 2 **Payments rates for home care nursing services.** Amends § 256B.0654, by adding subd. 5. For services provided on or after July 1, 2014, increases payment rates for special needs home care nursing services by 14 percent and increases payment rates for complex home care nursing services by 21 percent. Sets payments for technology dependent home care nursing services at a level 25 percent higher than the payment rate for complex in-home nursing services (after the increase under this section). Provides that the increases do not apply to federally qualified health centers, rural health centers, and Indian health services. Directs the commissioner to adjust managed care plan and county-based purchasing plan payments, and to require the plans to pass on the full amount of the increase to home care nursing service providers.
- 3 **Revisor’s instruction.** (a) Directs the revisor of statutes to change the term “private duty nursing” or similar terms to “home care nursing” or similar terms in Minnesota Statutes and Minnesota Rules.

(b) Directs the revisor the change the term “regular private duty nursing” or similar terms to “special needs home care nursing” or similar terms in Minnesota Statutes and Minnesota Rules.