

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.” 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 “regular 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 regular 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-ordered, hourly nursing services, lists services, and specifies that home care nursing must be performed by a registered nurse or licensed practical nurse within scope of practice as provided by the Minnesota Nurse Practice Act.

Section

The amendment to paragraph (d) renames “regular private duty nursing” as “regular home care nursing.” Also modifies the criteria for this level of care by eliminating references to not needing an ICU level of care and having episodes of instability. Defines regular home care nursing as home care nursing provided because: (1) the recipient requires more individual and continuous care than can be provided during a skilled nurse visit; or (2) the cares are outside the scope of services that can be provided by a home health aide or personal care assistant (these are criteria from § 256B.0652, subd. 5, related to the authorization of private duty nursing services).

A new paragraph (f) establishes “technology dependent home care nursing” as a new level of care, and defines this level of care as home care nursing services provided to recipients who meet the criteria for complex home care nursing and require life-sustaining interventions to reduce the risk of long-term injury or death.

Provides a July 1, 2014, effective date.

- 2** **Payment 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 regular 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 home care 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.** 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.