

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 2916
Version: As introduced

DATE: March 12, 2014

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Subject: DHS/Operations policy

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Overview

This bill clarifies what entities and organizations are required to purchase surety bonds. It makes numerous technical changes and relieves the commissioner of responsibility for appointing members to local social services agencies. It requires the commissioner to seek federal approval to operate a demonstration project.

Section

- 1** **Provider enrollment.** Amends § 256B.04, subd. 21. Clarifies that medical suppliers required to purchase surety bonds are those suppliers enrolled or eligible for enrollment as durable medical equipment providers and suppliers. Durable medical equipment provider and supplier is defined as one that purchases medical equipment or supplies for sale or rental and makes or arranges for repairs and maintenance of equipment. Excludes federally qualified health centers, home health agencies, the Indian Health Service, pharmacies and rural health clinics from the surety bond requirement.
- 2** **Requirements for provider enrollment of personal care assistance provider agencies.** Amends § 256B.0659, subd. 21. Makes technical changes by striking the word “performance” and inserting the word “surety” to maintain consistency in the designation of the type of bond that must be purchased by an agency.
- 3** **Managed care pilot.** Amends § 256B.5016, subd. 1. Strikes a cross reference Minnesota Rules, part 9525.1580, which is repealed in section 9 of this bill.
- 4** **Project extension.** Amends § 256B.69, subd. 16. Strikes a cross reference to Minnesota Rules, part 9500.1456, which is repealed in section 9 of this bill. This statutory section,

Section

256B.69, deals with the medical assistance prepayment program demonstration project.

- 5 **Requirements for enrollment of CFSS provider agencies.** Amends § 256B.85, subd. 12. Makes technical changes by striking the word “performance” and inserting the word “surety” to maintain consistency in the designation of the type of bond that must be purchased by an agency.
- 6 **Selection of members, terms, vacancies.** Amends § 393.01, subd. 2. Strikes language requiring the commissioner of human services to appoint members to local social services agencies. Places this responsibility on the board of county commissioners.
- 7 **Joint exercise of powers.** Amends § 393.01, subd. 7. Strikes language requiring the commissioner of human services to appoint members to local social services agencies. Places this responsibility on each board of county commissioners.
- 8 **Simplification of eligibility and enrollment process.** Amends Laws 2011, 1st S.S., ch. 9, art. 9, §17. Strikes the requirement for the commissioner to issue an annual report to the legislature on the progress of developing an integrated service delivery framework to streamline eligibility and enrollment for human services programs.
- 9 **Rulemaking; redundant provision regarding transition lenses.** Instructs the commissioner to remove transition lenses from the list of glasses not eligible for MA reimbursement in Minnesota Rules, part 9505.0277, subp. 3. This exclusion is included in another provision.
- 10 **Federal approval.** Requires the commissioner to seek federal approval under the state Medicaid plan to operated the demonstration project for family planning services in section 256B.78. Establishes eligibility requirements.
- 11 **Revisor’s instruction.** Instructs the revisor of statutes to remove cross references to sections and rules repealed in section 9 of this bill and to make necessary corrections to remaining text.
- 12 **Repealer.** Paragraph (a) repeals § 256.01, subd. 32 (review and evaluation of ongoing studies; commonly known as the “report on reports”).

Paragraph (b) repeals Minnesota Rules, parts 9500.1126 (recapture of depreciation); 9500.1450, subp. 3 (geographic location of PMAP); 9500.1452, subp. 3 (exclusion during phase-in period—related to PMAP); 9500.1456 (identification of enrollees); and 9525.1580 (control and location of services—related to the licensing of training and habilitation services).