## HOUSE RESEARCH

# - Bill Summary -

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**Version:** As introduced

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## Overview

This bill reforms the medical assistance (MA) elderly waiver program.

The elderly waiver (EW) provides home and community-based services not normally covered under MA to MA enrollees who are at risk of nursing facility placement. In addition, EW recipients are eligible for all standard MA covered services.

In order to receive EW services, an enrollee must:

- be age 65 or older;
- need nursing facility level care as determined by the long-term care consultation process;
- choose community care; and
- meet the EW income standard.

In addition, the cost of EW services cannot exceed the estimated cost of nursing facility services.

#### **Section**

Excess income. Amends § 256B.056, subd. 5. Allows a person who is eligible for MA and receiving EW services to pay his or her monthly spenddown or waiver obligation amount due to a provider of his or her choice. Requires the state, or other payer acting on behalf of the state, to deduct that amount from the provider's claims for each month.

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## **Section**

Assessment and support planning. Amends § 256B.0911, subd. 3a. For a person being assessed for EW services, requires a provider who submitted information during the assessment process to receive a copy of the draft assessment and have an opportunity to submit additional information to the assessor before the assessment is final. Requires the provider to receive a copy of the final written community support plan when available, the case mix level, and the Residential Services Workbook.

- **Authority.** Amends § 256B.0915, subd. 1. Requires all lead agencies administering the EW program for the commissioner to use the payment rates, policies, and tools described in the EW statute.
- Customized living service rate. Amends §256B.0915, subd. 3e. Requires the commissioner to include a nursing component service that includes injections, catheterizations, wound care, infections, and diabetic and foot care. Requires the hourly unit service payment to be based on the registered nurse component rate. Removes obsolete language. Allows the monthly customized living service rate for a client to be temporarily increased in lieu of the client being admitted to a hospital. Requires the temporary increase to cover additional nursing and home care services needed to avoid hospitalization. Requires a provider to communicate client need to the case manager in a form and manner required by the commissioner. Includes a cognitive and behavioral needs factor in the payment for EW customized living services for a client determined to have certain specified needs. Sets the payment rate for a client qualifying for customized living services. Updates a cross-reference.
- Assessments and reassessments for waiver clients. Amends § 256B.0915, subd. 5. Paragraph (a) removes language requiring client reassessments when the case manager determines there has been a significant change in a client's functioning.

Paragraph (b) removes language requiring face-to-face assessments and, at the discretion of the lead agency, allows certain reassessments to be conducted without a face-to-face meeting.

Paragraph (c) requires the lead agency to conduct a change-in-condition reassessment before the annual reassessment in cases where a client's condition changed due to certain specified events. Allows a change-in-condition reassessment to be initiated by the lead agency or requested by the client, or on the client's behalf by another party. Lists lead agency requirements related to conducting and completing change-in-condition reassessments. Allows these assessments to be done either face-to-face or remotely.

- **Payment rates; application.** Amends § 256B.0915, by adding subd. 11. Applies the payment methodologies in subdivisions 12 to 15 to EW and EW customized living, alternative care, and community access for disability inclusion customized living.
- Payment rates; establishment. Amends § 256B.0915, by adding subd. 12. Paragraph (a) requires the commissioner to use specific data to establish component rates every July 1 using Minnesota-specific wages taken from job descriptions.

Paragraph (b), in creating the component rates, requires the commissioner to establish base wage calculations for each service and add additional rates for certain listed factors.

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## **Section**

- **Payment rates; base wage index.** Amends § 256B.0915, by adding subd. 13. Lists base wage calculations for services provided under the EW program. Requires the commissioner to select a new standard occupational classification (SOC) code and position that is the closest match to the previously used SOC position if any of the SOC codes and positions are no longer available.
- **Payment rates; factors.** Amends § 256B.0915, by adding subd. 14. Lists the factors the commissioner shall use in setting EW payment rates.
- **Payment rates; component rates.** Amends § 256B.0915, by adding subd. 15. Paragraph (a) defines "adjusted base wage."

Paragraph (b) specifies the component rate for medication setups by licensed nurse, registered nurse, and social worker services.

Paragraph (c) specifies the component rate for home management and support services, home care aide, and home health aide services.

Paragraph (d) specifies the payment rate for socialization and transportation under EW customized living.

Paragraph (e) specifies the rate calculations for chore services and companion services.

Paragraph (f) specifies the rate calculations for homemaker services and assistance with personal care, homemaker services and cleaning, and homemaker services and home management.

Paragraph (g) specifies the 15-minute rate calculation for in-home respite care services.

Paragraph (h) specifies the daily rate calculation for in-home respite care services.

Paragraph (i) specifies the 15-minute rate calculation for out-of-home respite care services.

Paragraph (j) specifies the daily rate calculation for out-of-home respite care services.

Paragraph (k) specifies the rate for home delivered meals.

Paragraph (1) specifies the rate for adult day services. Allows adult day services to be authorized for up to 40 units, or ten hours, based on client and family caregiver needs.

- Performance measures for elderly waiver customized living. Amends § 256B.439, by adding subd. 2b. Requires the commissioner to develop performance measures for housing with services establishments that are enrolled in the EW program as a provider of customized living or 24-hour customized living. Lists the performance measures the commissioner must develop.
- Direction to commissioner; adult day services staffing ratios. Requires the commissioner of human services to study the staffing ratio for adult day services clients and provide recommendations to adjust staffing ratios based on client needs by January 1, 2018, to the chairs and ranking minority members of the legislative committees with jurisdiction over adult day services.

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## **Section**

- Appropriation; performance measures for elderly waiver customized living.

  Appropriates \$5,000,000 in fiscal year 2017 from the general fund to the commissioner of human services to develop performance measures for EW customized living. Specifies this is a onetime appropriation.
- Revisor's instruction. Requires the revisor of statutes, in consultation with the House Research Department; Office of Senate Counsel, Research, and Fiscal Analysis; and Department of Human Services to prepare legislation for the 2018 legislative session to recodify laws governing the EW program. Makes this section effective the day following final enactment.