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Overview

This bill modifies the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit under medical assistance (MA).

EIDBI is a service under MA that was authorized by the Centers for Medicare and Medicaid Services (CMS) in 2015. EIDBI provides services for children with autism spectrum disorder and related conditions.

Section

1 **Early intensive developmental and behavioral intervention benefit.** Amends § 256B.0949.

Subd. 1. Purpose. Modifies terminology to conform to the name of the benefit. Clarifies the services that are provided under the benefit.

Subd. 2. Definitions. Removes the definition of “autism spectrum disorder diagnosis.” Modifies definitions of “early intensive developmental and behavioral intervention benefit” and “generalizable goals.” Defines “agency,” “autism spectrum disorder or a related condition,” “clinical supervision,” “comprehensive multidisciplinary evaluation,” “department,” “incident,” “individual treatment plan,” “legal representative,” “person-centered,” and “qualified EIDBI provider.” Changes the definition of “child” to “person.”

Subd. 3. EIDBI eligibility. Updates terminology and modifies eligibility requirements for the EIDBI benefit.

Section

Subd. 3a. Culturally and linguistically appropriate requirement. Requires the person's and family's primary spoken language and culture, values, goals, and preferences to be reflected throughout the covered services. Requires providers to determine how to adapt the evaluation, treatment recommendations, and individual treatment plan to the person's and family's culture, values, and language preferences. Requires providers to have a limited English proficiency plan in compliance with the federal Civil Rights Act.

Subd. 4. Diagnosis. Modifies the requirements a diagnosis of autism spectrum disorder or a related condition must meet. Allows a diagnostic assessment to include treatment recommendations.

Subd. 5. Comprehensive multidisciplinary evaluation (CMDE). Requires a CMDE to be completed to determine medical necessity of EIDBI services. Requires the CMDE provider to submit the CMDE to the commissioner and the person or the person's legal representative in order for EIDBI services to be authorized. Lists the items that must be included in the CMDE.

Subd. 5a. CMDE provider qualification. Lists qualifications a CMDE provider must meet.

Subd. 6. Individual treatment plan. Makes conforming terminology changes. Modifies the list of requirements a person's individual treatment plan must meet. Modifies the list of items that must be specified in an individual treatment plan. Requires implementation of the individual treatment plan to be supervised by a qualified supervising professional. Requires the individual treatment plan to be submitted to the person or the person's legal representative. Lists requirements a provider must meet when terminating service. Lists items that must be included in a transition plan.

Subd. 7. Individualized treatment plan progress monitoring. Makes conforming terminology changes. Requires an individual treatment plan progress evaluation to be submitted every six months to determine if progress is being made toward targeted functional and generalizable goals specified in the individual treatment plan. Based on the results of the progress monitoring, requires the individual treatment plan to be adjusted as needed and to document that the EIDBI service continues to be medically necessary for the person. Lists the items that must be included in the individual treatment plan progress evaluation. Requires the individual treatment plan monitoring to be submitted to the person or the person's legal representative in a manner determined by the commissioner for the reauthorization of EIDBI services. Specifies a person who continues to make reasonable progress toward treatment goals, as specified in the individual treatment plan, is eligible to continue to receive EIDBI services.

Subd. 8. Refining the benefit with stakeholders. Requires the commissioner to refine the details of the benefit in consultation with stakeholders. Removes obsolete language. Makes conforming terminology changes. Modifies the list of components that may be refined.

Section

Subd. 9. Revision of treatment options. Specifies requirements treatment modalities must meet in order to be approved by the Department of Human Services (DHS). Clarifies the process for DHS to revise recognized treatment modalities.

Subd. 10. Coordination between agencies and other benefits. Clarifies that an EIDBI service is not intended to replace a service provided in school or another setting, but does not preclude EIDBI treatment during school hours. Requires coordination of certain services with EIDBI services. Requires the commissioner to integrate medical authorization procedures for EIDBI services with other authorization procedures to ensure that the person receives services that are the most appropriate and effective in meeting the person's needs.

Subd. 11. Federal approval of the EIDBI benefit. Makes technical and conforming changes.

Subd. 12. EIDBI benefit; training provided. Makes conforming terminology changes.

Subd. 13. Covered services. Lists the EIDBI services that are eligible for reimbursement under MA. Specifies requirements the services must meet under the EIDBI benefit.

Subd. 14. Person's rights. Lists the rights of the person and the person's legal representative, including: designating an advocate, being informed of the agency policy on assigning staff to a person, being informed of services, being free from seclusion and restraint, and being under the supervision of a responsible adult at all times.

Subd. 15. EIDBI provider qualifications. Lists qualifications for a qualified supervising professional, level I treatment provider, level II treatment provider, and level III treatment provider.

Subd. 16. Agency duties. Lists requirements and duties an agency delivering EIDBI services must meet.

Subd. 17. Provider shortage; authority for exceptions. Requires the commissioner, in consultation with others, to determine if a shortage of EIDBI providers exists. Defines "shortage of EIDBI providers." Requires the commissioner to consider geographic factors when determining the prevalence of a shortage. Allows the commissioner to determine that a shortage exists in a specific region of the state, multiple regions of the state, or statewide. Requires the commissioner, in consultation with others, to establish processes and criteria for granting exceptions if an exception would not compromise a person's safety and not diminish the quality and effectiveness of the treatment. Lists exceptions the commissioner may grant. Specifies requirements the commissioner must meet when determining that a shortage no longer exists. Requires the commissioner to annually provide an update on the status of the provider shortage and exception process to the legislature until the shortage ends.

Makes subdivisions 15 and 17 effective the day following final enactment. Makes subdivisions 1 to 9, 13, 14, and 16 effective July 1, 2017.

Section