

Subject Integrated care for high-risk pregnant women

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Overview

The integrated care for high risk pregnant women pilot program, established in Minnesota Laws, 2015, provides funding to qualified integrated perinatal care collaboratives to promote integrated care and enhanced services to pregnant medical assistance enrollees in geographic areas that are above-average for risk of adverse outcomes. The pilot program is set to expire on June 30, 2019.

This bill makes the pilot program an ongoing grant program, and modifies the qualifications for medical assistance coverage of services provided by community health workers affiliated with integrated perinatal care collaboratives.

Summary

Section	Description
1	<p>Community health worker. Amends § 256B.0625, subd. 49.</p> <p>Modifies qualifications for community health worker care coordination and patient education services MA eligibility. Specifies that community health workers affiliated with an integrated perinatal care collaborative need a high school diploma and direct supervision by an enrolled physician, registered nurse, advanced practice registered nurse, public health nurse, or mental health professional, in order for their services to be covered under MA. Removes requirement for completion of a certification program.</p>
2	<p>Grant program established. Amends § 256B.79, subd. 2.</p> <p>Modifies the integrated care for high-risk pregnant women pilot program to be continuing grant program.</p>

Section	Description
3	<p>Grant awards.</p> <p>Amends § 256B.79, subd. 3.</p> <p>Removes obsolete date. Specifies that priority in awarding grants must be given to qualified integrated perinatal care collaboratives that have received grants under the pilot program before January 2019.</p>
4	<p>Eligibility for grants.</p> <p>Amends § 256B.79, subd. 4.</p> <p>Updates language to reflect change to continuing grant program.</p>
5	<p>Gaps in communication, support, and care.</p> <p>Amends § 256B.79, subd. 5.</p> <p>Updates language to reflect change to continuing grant program.</p>
6	<p>Report.</p> <p>Amends § 256B.79, subd. 6.</p> <p>Requires the commissioner to report to the legislature by January 31, 2021, and every two years thereafter, about the outcomes of the grant program. Updates language to reflect change to continuing grant program.</p>
7	<p>Appropriation; integrated care for high risk pregnant women.</p> <p>Appropriates money for the integrated care for high-risk pregnant women grant program.</p>
8	<p>Repealer.</p> <p>Repeals § 256B.79, subd. 7, the subdivision specifying a June 30, 2019, expiration date for section 256B.79.</p> <p>Makes this section effective the day following final enactment.</p>



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