

Subject Home and community-based waiver assessment requirements for people who temporarily enter certain health care facilities

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Date March 1, 2021

Overview

This bill allows a person who receives MA home and community-based waiver services (HCBS) and temporarily enters certain health care facilities for 121 days or less to return to the community under the same waiver services without requiring an assessment or reassessment.

HCBS offers service options that allow people to live in the community instead of going into or staying in an institutional setting. HCBS covers two types of services: (1) services necessary to avoid institutionalization that are not offered in Minnesota's MA state plan; and (2) services that are extensions of Minnesota's MA state plan services. Minnesota has four HCBS disability waivers and the elderly waiver:

- Community Access for Disability Inclusion (CADI): Provides services for individuals with disabilities who need the level of care provided in a nursing home
- Brain Injury (BI): Provides services for individuals with brain injury who need the level of care provided in a nursing home or neurobehavioral hospital
- Developmental Disabilities or Related Conditions (DD): Provides services for individuals with developmental disabilities or related conditions who need the same level of care as provided in an ICF/DD
- Community Alternative Care (CAC): Provides services for individuals with chronic illness who need the level of care provided in a hospital
- Elderly Waiver: Provides services for individuals who are age 65 or older and at-risk of nursing facility placement

Summary

Section	Description
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1	Assessment and support planning.
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Amends § 256B.0911, subd. 3a. Modifies the statute governing long-term care assessment and support planning by adding language to allow a person who receives MA HCBS and temporarily enters certain health care facilities for 121 days or less to return to the community under the same waiver services without requiring an assessment or reassessment, unless the person's annual reassessment is otherwise due. Specifies nothing in this section changes annual long-term care consultation reassessment requirements, payment for institutional or treatment services, MA financial eligibility, or any other law.

Makes this section effective upon federal approval and requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.



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