

Subject Long-term care consultation services

Authors Fischer

Analyst Danyell A. Punelli

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Overview

This bill makes various changes to long-term care consultation services, also known as MnCHOICES.

Long-term care consultation services provide screening, assessment, and information and education services to help individuals access and decide on the appropriate level of long-term care services that meet their needs and reflect their preferences. Long-term care consultation services are available to any individual with long-term or chronic care needs.

Summary

Section	Description
1	Exception to use of MnCHOICES assessment; contracted assessors. Amends § 256B.0911, subd. 12. Removes language sunsetting a provision exempting lead agencies that have not implemented MnCHOICES assessments and that use contracted assessors from certain requirements under long-term care consultation services.
2	MnCHOICES assessments. Amends § 256B.0911, subd. 17. Modifies the timeline within which a long-term care consultation team must visit a person requesting long-term care consultation services from 20 calendar days to 20 working days.
3	Exception to use of MnCHOICES assessments; long-term care consultation team visit; notice. Amends § 256B.0911, subd. 18. Removes language sunsetting a provision that exempts assessments of people requesting personal care assistance from the timeline within which a long-term care consultation team must visit the person. Includes people requesting community-first services and supports in the exemption.

Section	Description
4	<p>MnCHOICES assessments; duration of validity.</p> <p>Amends § 256B.0911, subd. 20. Makes MnCHOICES assessments completed as part of an eligibility determination for medical assistance (MA) waiver services valid for 365 calendar days rather than 60 calendar days.</p>
5	<p>Remote reassessments.</p> <p>Amends § 256B.0911, subd. 24. Removes limitations on remote reassessments for persons receiving services under the MA waivers, alternative care, and essential community supports.</p> <p>Makes this section effective January 1, 2025, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>
6	<p>Reassessments for Rule 185 case management and waiver services.</p> <p>Amends § 256B.0911, subd. 25. Unless otherwise required by federal law, specifies the county agency is not required to conduct or arrange for an annual needs reassessment by a certified assessor for people with no significant changes in function who are receiving MA waiver services, alternative care, or essential community supports. Requires the county agency to: (1) conduct or arrange for a needs reassessment for persons receiving the above mentioned services once every three years; and (2) annually review the person-centered services plan and reauthorize services. Requires a person or the person’s legal representative to make an informed choice to decline an annual needs reassessment.</p> <p>Makes this section effective January 1, 2025, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained.</p>



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