

1.1 Senator moves to amend S.F. No. 1951 as follows:

1.2 Page 2, delete lines 13 to 17

1.3 Page 2, line 18, delete everything before "A" and insert "(d) Payment for recuperative
1.4 care shall consist of two components. The first component must be for the services provided
1.5 to the member and is a bundled daily per diem payment of at least \$300 per day. The second
1.6 component must be for the facility costs and must be paid using state funds equivalent to
1.7 the amount paid as the medical assistance room and board rate and annual adjustments. The
1.8 eligibility standards in chapter 256I shall not apply. The second component is only paid
1.9 when the first component is paid to a provider. Providers may opt to only be reimbursed
1.10 for the first component."

1.11 Page 2, line 29, delete "and wraparound services"

1.12 Page 2, line 30, delete "screening" and insert "assessment"

1.13 Page 3, line 1, delete "behavioral health support" and insert "development of a care plan"
1.14 and delete "and"

1.15 Page 3, after line 4, insert:

1.16 "(iv) monitoring and follow-up to ensure that the care plan is effectively implemented
1.17 to address the medical, behavioral, and social needs; "

1.18 Page 3, line 5, delete the period and insert ", that can be provided in this recuperative
1.19 care setting; and"

1.20 Page 3, after line 5, insert:

1.21 "(4) services provided by a community health worker as defined under subdivision 49."

1.22 Page 3, line 7, after "stabilized" insert "or that the recipient is being discharged to a
1.23 setting that is able to meet that recipient's needs"

1.24 Page 3, after line 7, insert:

1.25 "(f) If a recipient is temporarily absent due to an admission at a residential behavioral
1.26 health facility, inpatient hospital, or nursing facility for a period of time exceeding the limits
1.27 described in paragraph (d), the agency may request in a format prescribed by the
1.28 commissioner an absence day limit exception to continue payments until the recipient is
1.29 discharged.

1.30 (g) The commissioner shall submit an initial report to the chairs and ranking minority
1.31 members of the legislative committees having jurisdiction over health and human services

2.1 by February 1, 2025, and a final report by February 1, 2027, on coverage of recuperative
2.2 care services. The reports must include, but are not limited to:

2.3 (1) a list of the recuperative care services in Minnesota and the number of recipients;

2.4 (2) the estimated return on investment, including health care savings due to reduced
2.5 hospitalizations;

2.6 (3) follow-up information, if available, on whether recipients' hospital visits decreased
2.7 since recuperative care services were provided compared to before the services were
2.8 provided; and

2.9 (4) any other information that can be used to determine the effectiveness of the program
2.10 and its funding, including recommendations for improvements to the program."