

S.F. No. 903 – Care Evaluation as a Covered Medical Assistance Home Care Service Establishment

Author: Senator John A. Hoffman

Prepared by: Liam Monahan, Legislative Analyst (651/296-1791)

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Sections 1 through 7, 9, and 10 of **S.F. No. 903** are related to permitting care evaluations to be a reimbursable home care service under medical assistance.

Section 1 (**256B.0651, subdivision 1**) adds a definition to the medical assistance home care statutes for “care evaluation” for the purposes of home care services except personal care services.

Section 2 (**256B.0651, subdivision 2**) adds care evaluations as a covered home care service under medical assistance.

Section 3 (**256B.0652, subdivision 11**) clarifies the medical assistance home care statute by explicitly specifying that the service limits in this subdivision are limits on what a recipient can receive during a calendar year *without authorization* from the commissioner of human services; allows care evaluations to count toward the existing limit of nine visits without authorization.

Section 4 (**256B.0653, subdivision 1**) is a conforming change related to adding care evaluations to the medical assistance home health services statute.

Section 5 (**256B.0653, subdivision 6**) clarifies that eligible care evaluations are covered by medical assistance as a home health service.

Section 6 [**256B.0653, subdivision 9, paragraph (a)**] clarifies that a care evaluation is covered by medical assistance as a home health service only if the care evaluation is not also covered by Medicare or any other insurance held by the recipient.

Paragraph (b) specifies the medical assistance reimbursement rate for care evaluations as a percentage of the medical assistance reimbursement rate for a skilled nursing visit.

Paragraph (c) specifies the circumstances under which a care evaluation is reimbursable and who may perform a care evaluation related to home health services.

Section 7 [**256B.0654, subdivision 6, paragraph (a)**] clarifies that a care evaluation is covered by medical assistance as a home care nursing service only if the care evaluation is not also covered by Medicare or any other insurance held by the recipient.

Paragraph (b) specifies the medical assistance reimbursement rate for care evaluations as a percentage of the medical assistance reimbursement rate for a skilled nursing visit.

Paragraph (c) specifies the circumstances under which a care evaluation is reimbursable and who may perform a care evaluation related to home care nursing services.

Sections 8 and 11 through 14 of **S.F. No. 903** modify the reimbursement rates for homemaker services provided under the elderly waiver, alternative care, essential community supports, and the disability waivers.

Section 8 [**section 256B.4912, subdivision 16**] specifies that the rates for homemaker services rates available under any of the disability waivers are equal to the homemaker services rates established in chapter 256S for the elderly waiver.

Section 11 (**256S.2101, subdivision 2**) makes a conforming technical change related to modifications of homemaker services rates.

Section 12 [**256S.2101, subdivision 3**] makes a conforming and technical change for the sake of readability by moving language related to the phase-in rates for home-delivered meals from subdivision 1 to its own subdivision.

Section 13 [**256S.2101, subdivision 4**] exempts the new homemaker services rates from the existing language related to the phase-in of elderly waiver service rates.

Section 14 [**256S.212, subdivision 1a**] requires the commissioner to update existing homemaker service rates on January 1, 2024, and every other year thereafter, based on the most recently available wage data and nursing home cost reports.

Section 15 of **S.F. No. 903** requires the commissioner of human services to work to identify a method for allowing home care service providers to bill for care coordination services.