

SENATE

STATE OF MINNESOTA

NINETY-THIRD SESSION

S.F. No. 3989

(SENATE AUTHORS: HOFFMAN, Mann, Abeler and Seeberger)		
DATE	D-PG	OFFICIAL STATUS
02/20/2024	11669	Introduction and first reading Referred to Human Services
03/11/2024	12093a	Comm report: To pass as amended and re-refer to Health and Human Services

1.1

A bill for an act

1.2

relating to human services; modifying timelines for medical assistance eligibility

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determinations for certain hospital patients; providing supplemental payments for

1.4

certain disability waiver services; modifying long-term care assessment provisions;

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permitting direct referrals from hospitals to the state medical review team; amending

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Minnesota Statutes 2022, sections 256.01, subdivision 29; 256B.05, by adding a

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subdivision; 256B.0911, subdivision 20, by adding subdivisions; 256B.49, by

1.8

adding a subdivision; Minnesota Statutes 2023 Supplement, section 256B.0911,

1.9

subdivision 13.

1.10

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

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Section 1. Minnesota Statutes 2022, section 256.01, subdivision 29, is amended to read:

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Subd. 29. **State medical review team.** (a) To ensure the timely processing of

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determinations of disability by the commissioner's state medical review team under sections

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256B.055, subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, the

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commissioner shall review all medical evidence and seek information from providers,

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applicants, and enrollees to support the determination of disability where necessary. Disability

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shall be determined according to the rules of title XVI and title XIX of the Social Security

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Act and pertinent rules and policies of the Social Security Administration.

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(b) Prior to a denial or withdrawal of a requested determination of disability due to

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insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary

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and appropriate to a determination of disability, and (2) assist applicants and enrollees to

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obtain the evidence, including, but not limited to, medical examinations and electronic

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medical records.

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(c) Any appeal made under section 256.045, subdivision 3, of a disability determination

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made by the state medical review team must be decided according to the timelines under

section 256.0451, subdivision 22, paragraph (a). If a written decision is not issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal must be immediately reviewed by the chief human services judge.

(d) The state medical review team must accept directly from a hospital all referrals for a disability determination for an applicant who in the judgment of the applicant's attending physician will require upon discharge long-term services and supports provided under medical assistance. The commissioner must establish a mechanism for direct submission of referrals by hospitals.

Sec. 2. Minnesota Statutes 2022, section 256B.05, is amended by adding a subdivision to read:

Subd. 6. **Expedited medical assistance applications.** (a) Notwithstanding subdivision 5 and Minnesota Rules, part 9505.0090, subparts 2 and 3, the local agency must act on an application for medical assistance within five calendar days of receipt of a request for medical assistance for a patient eligible for discharge, as determined by the hospital, but who requires post-acute care covered by medical assistance to be safely discharged.

(b) If all information needed to act on the application is not obtained within the time limit, the local agency must immediately inform the applicant about the deficiencies of the application and the reason for the delay in determining the applicant's eligibility. If the reason for the delay is the applicant's inability to obtain or provide the required information, the local agency must assist the applicant in obtaining the required information within three calendar days and act on the application immediately upon receipt of the required information.

(c) If the reason for the continued delay in determining the applicant's eligibility is that the required information cannot be obtained even with the assistance of the local agency, the local agency, the applicant, the applicant's representative, or a person interested in the applicant's welfare may request the commissioner's assistance. Immediately upon receipt of a request for assistance, the commissioner must assist in gathering the required application materials and determining eligibility for medical assistance.

Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is amended to read:

Subd. 13. MnCHOICES assessor qualifications, training, and certification. (a) The commissioner shall develop and implement a curriculum and an assessor certification process.

3.1 (b) MnCHOICES certified assessors must:

3.2 (1) either have a bachelor's degree in social work, nursing with a public health nursing
3.3 certificate, or other closely related field or be a registered nurse ~~with at least two years of~~
3.4 ~~home and community-based experience~~; and

3.5 (2) have received training and certification specific to assessment and consultation for
3.6 long-term care services in the state.

3.7 (c) Certified assessors shall demonstrate best practices in assessment and support
3.8 planning, including person-centered planning principles, and have a common set of skills
3.9 that ensures consistency and equitable access to services statewide.

3.10 (d) Certified assessors must be recertified every three years.

3.11 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.12 Sec. 4. Minnesota Statutes 2022, section 256B.0911, is amended by adding a subdivision
3.13 to read:

3.14 Subd. 17a. **Expedited MnCHOICES assessment visits.** (a) Notwithstanding subdivision
3.15 17, paragraph (a), a patient awaiting discharge from an acute care hospital requesting
3.16 long-term care consultation services must be visited by a long-term care consultation team
3.17 within three calendar days after the date on which an assessment was requested or
3.18 recommended.

3.19 (b) If the lead agency fails to complete an assessment within the timeline described in
3.20 paragraph (a), the local agency, the person, the person's legal representative, or the hospital
3.21 in which the person is a patient may request assistance from the commissioner's acute care
3.22 transition team. Immediately upon receipt of a request for assistance, the commissioner's
3.23 acute care transition team must either direct the lead agency to conduct an assessment
3.24 immediately, transfer authority to conduct the assessment to another lead agency with the
3.25 capacity to do so immediately, or permit any certified assessor who is either an employee
3.26 of the hospital in which the person is a patient or an employee of the health system with
3.27 which the hospital is affiliated to perform the assessment.

3.28 Sec. 5. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

3.29 Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is
3.30 completed as part of an eligibility determination for multiple programs for the alternative
3.31 care, elderly waiver, developmental disabilities, community access for disability inclusion,
3.32 community alternative care, and brain injury waiver programs under chapter 256S and

sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no more than ~~60 calendar days~~ one year after the date of the assessment.

(b) The effective eligibility start date for programs in paragraph (a) can never be prior to the date of assessment. If an assessment was completed more than ~~60 days~~ one year before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS). Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (a) cannot be prior to the completion date of the most recent updated assessment.

(c) If an eligibility update is completed within 90 days of the previous assessment and documented in the department's Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (a) is the date of the previous in-person assessment when all other eligibility requirements are met.

EFFECTIVE DATE. This section is effective upon federal approval.

Sec. 6. Minnesota Statutes 2022, section 256B.0911, is amended by adding a subdivision to read:

Subd. 29a. Expedited support planning. Notwithstanding subdivision 29, paragraph (a), the certified assessor and the individual responsible for developing the support plan must complete the assessment summary and the support plan no more than five calendar days after an expedited assessment visit conducted according to subdivision 17a.

Sec. 7. Minnesota Statutes 2022, section 256B.49, is amended by adding a subdivision to read:

Subd. 30. Residential support services supplemental payments. (a) For the purposes of this subdivision, "residential support services" means the following residential support services reimbursed under section 256B.4914: (1) 24-hour customized living services; (2) community residential services; (3) customized living services; (4) family residential services; and (5) integrated community supports.

(b) The commissioner shall make emergency supplemental payments to providers who provide residential support services to a person who is discharged from an acute care hospital and immediately enrolls in a home and community-based waiver for persons with disabilities following an expedited assessment visit and expedited support planning conducted under section 256B.0911. The amount of the supplemental payments must be equal to the amount

- 5.1 required to increase the total payments for the first 30 days of residential support services
5.2 to the 99th percentile of nonrate exception daily rates for individuals on the same waiver.
- 5.3 (c) The commissioner shall seek federal financial participation in emergency supplemental
5.4 payments under this subdivision. If federal financial participation is denied, the commissioner
5.5 must make emergency supplemental payments under this subdivision from state-only money.