A bill for an act

relating to human services; requiring certain medical assistance enrollees who are children with high-cost medical and mental health conditions to receive integrated health care coordination and social support services through the U special kids program; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 256B.

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

Section 1. **[256B.0751] CARE COORDINATION FOR CHILDREN WITH HIGH-COST MEDICAL CONDITIONS.**

Subdivision 1. **Care coordination required.** (a) The commissioner of human services shall contract with the U special kids program to provide care coordination, beginning October 1, 2007, for medical assistance enrollees who are children with high-cost medical conditions, and to perform the other duties specified in this section.

(b) For purposes of this section, "care coordination" means collaboration with primary care physicians and specialists to manage care, development of medical management plans for recurrent acute illnesses, oversight and coordination of all aspects of care in partnership with families, organization of medical information into a summary of critical information, coordination and appropriate sequencing of tests and multiple appointments, information and assistance with accessing resources, and telephone triage for acute illnesses or problems.

Subd. 2. **Referrals.** The commissioner shall develop a mechanism to refer children to the U special kids program for care coordination. Beginning October 1, 2007, and subject to the limits on total program enrollment specified in subdivision 3, the commissioner shall refer to the U special kids program children who:

(1) incur medical expenses that exceed the qualifying level specified in subdivision 3;

(2) have medical conditions that involve four or more major systems; require multiple specialists; require use of technology such as G-tube, tracheotomy, central line, or oxygen; and require multiple medications; and

(3) do not have a medical case manager for cancer, organ transplantation, epilepsy, or bone marrow replacement.

Subd. 3. **Qualifying level of medical expenses.** (a) For the period October 1, 2007, through September 30, 2008, the commissioner shall refer children for care coordination under this section if they incurred medical expenses of $500,000 or more during the fiscal year ending June 30, 2007.

(b) For the period October 1, 2008, through September 30, 2009, the commissioner shall refer children for care coordination under this section if they incurred medical expenses of $400,000 or more during the fiscal year ending June 30, 2008.

(c) For the period October 1, 2009, through September 30, 2010, the commissioner shall refer children for care coordination under this section if they incurred medical expenses of $300,000 or more during the fiscal year ending June 30, 2009.

(d) Beginning October 1, 2010, the commissioner shall refer children for care coordination under this section if they incurred medical expenses of $250,000 or more during the previous fiscal year.

(e) The commissioner shall limit referrals to the extent necessary to ensure that total enrollment in the U special kids program does not exceed 100 children for the period October 1, 2007, through September 30, 2008, and does not exceed 150 children beginning October 1, 2008.

Subd. 4. **Case management.** Beginning October 1, 2007, the U special kids program shall coordinate all nonmedical case management services provided to children who are required to receive care coordination under this section. The program may require all nonmedical case managers, including, but not limited to, county case managers and case managers for children served under a home and community-based waiver, to submit care plans for approval, and to document client compliance with the care plans. The U special kids program, beginning October 1, 2008, may employ or contract with nonmedical case managers to provide all nonmedical case management services to children required to receive care coordination under this section. The commissioner shall reimburse the U special kids program for case management services through the medical assistance program.

Subd. 5. **Statewide availability of care coordination.** The U special kids program may contract with other entities to provide care coordination services as defined in subdivision 1, in order to ensure the availability of these services in all regions of the state.

Subd. 6. **Advance practice nurse telephone triage system.** The U special kids program shall establish and operate an advance practice nurse telephone triage system that is available statewide, 24 hours a day, seven days per week. The system must provide advance practice nurses with access to a Web-based information system to appropriately triage medical problems, manage care, and reduce unnecessary hospitalizations.

Subd. 7. **Monitoring and evaluation.** The commissioner shall monitor program outcomes and evaluate the extent to which referrals to the U special kids program have improved the quality and coordination of care and provided financial savings to the medical assistance program. The U special kids program shall submit to the commissioner, in the form and manner specified by the commissioner, all data and information necessary to monitor program outcomes and evaluate the program. The commissioner shall present a preliminary evaluation to the legislature by January 15, 2008, and a final evaluation to the legislature by January 15, 2010.

Sec. 2. **[256B.0752] CARE COORDINATION FOR CHILDREN WITH HIGH-COST MENTAL HEALTH CONDITIONS.**

Subdivision 1. **Care coordination required.** (a) The commissioner of human services shall contract with the U special kids program to provide care coordination, beginning October 1, 2007, for medical assistance enrollees who are children with high-cost mental health conditions and behavioral problems, and to perform the other duties specified in this section.

(b) For purposes of this section, "care coordination" means collaboration with primary care physicians and specialists to manage care, development of mental health management plans for recurrent mental health issues, oversight and coordination of all aspects of care in partnership with families, organization of medical, treatment, and therapy information into a summary of critical information, coordination and appropriate sequencing of evaluations and multiple appointments, information and assistance with accessing resources, and telephone triage for behavior or other problems.

Subd. 2. **Referrals.** The commissioner shall develop a mechanism to refer children to the program for care coordination. Beginning October 1, 2007, and subject to the limits on total program enrollment specified in subdivision 3, the commissioner shall refer to the U special kids program children who:

(1) incur mental health expenses that exceed the qualifying level specified in subdivision 3; and

(2) are currently receiving or at risk of needing inpatient mental health treatment, foster home care, or both.

Subd. 3. **Qualifying level of medical expenses.** (a) Beginning October 1, 2007, the commissioner shall refer children for care coordination under this section if they incurred medical and mental health expenses of $250,000 or more in the previous fiscal year.

(b) The commissioner shall limit referrals to the extent necessary to ensure that total enrollment in the U special kids program does not exceed 25 children for the period October 1, 2007, through September 30, 2008; does not exceed 75 children for the period October 1, 2008, through September 30, 2009; and does not exceed 125 children beginning October 1, 2009.

Subd. 4. **Case management.** The U special kids program, beginning October 1, 2007, shall coordinate all nonmedical case management services provided to children who are required to receive care coordination under this section. The program may require all nonmedical case managers, including but not limited to county case managers and case managers for children served under a home and community-based waiver, to submit care plans for approval, and to document client compliance with the care plans. The U special kids program, beginning October 1, 2008, may employ or contract with nonmedical case managers to provide all nonmedical case management services to children required to receive care coordination under this section. The commissioner shall reimburse the U special kids program for case management services through the medical assistance program.

Subd. 5. **Statewide availability of care coordination.** The program may contract with other entities to provide care coordination services as defined in subdivision 1, in order to ensure the availability of these services in all regions of the state.

Subd. 6. **Monitoring and evaluation.** The commissioner shall monitor program outcomes and shall evaluate the extent to which referrals to the U special kids program have improved the quality and coordination of care and provided financial savings to the medical assistance program. The U special kids program shall submit to the commissioner, in the form and manner specified by the commissioner, all data and information necessary to monitor program outcomes and evaluate the program. The commissioner shall present a preliminary evaluation to the legislature by January 15, 2008, and a final evaluation to the legislature by January 15, 2010.

Sec. 3. **APPROPRIATION.**

Subdivision 1. **Care coordination for medical conditions.** (a) $1,500,000 in fiscal year 2008 and $1,500,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for contracting for care coordination with the U special kids program under Minnesota Statutes, section 256B.0751.

(b) $500,000 in fiscal year 2008 and $500,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for the U special kids program to establish and administer an advance practice nurse telephone triage system under Minnesota Statutes, section 256B.0751, subdivision 6.

(c) $500,000 in fiscal year 2008 and $750,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to reimburse the U special kids program for complementary alternative medicine treatment not covered under medical assistance.

Subd. 2. **Care coordination for mental health conditions.** (a) $500,000 in fiscal year 2008 and $1,000,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for contracting for care coordination with the U special kids program under section 1. The base funding for this activity shall be $1,500,000 for fiscal years 2010 and beyond.

(b) $125,000 in fiscal year 2008 and $375,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for the U special kids program to cover complementary alternative medicine services and over-the-counter nutritional supplements not covered under medical assistance, subject to an annual limit of $5,000 per patient. The base funding for this activity shall be $625,000 for fiscal years 2010 and beyond.