

**SENATE  
STATE OF MINNESOTA  
NINETY-FOURTH SESSION**

**S.F. No. 2651**

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DATE  
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Introduction and first reading  
Referred to Human Services  
See First Special Session, HF3

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to human services; modifying provisions governing long-term care  
1.3 consultation services; amending Minnesota Statutes 2024, section 256B.0911,  
1.4 subdivisions 1, 10, 13, 14, 17, by adding subdivisions.

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

1.6 Section 1. Minnesota Statutes 2024, section 256B.0911, subdivision 1, is amended to read:

1.7 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services  
1.8 is to assist persons with long-term or chronic care needs in making care decisions and  
1.9 selecting support and service options that meet their needs and reflect their preferences.  
1.10 The availability of, and access to, information and other types of assistance, including  
1.11 long-term care consultation assessment and support planning, is also intended to prevent  
1.12 or delay institutional placements and to provide access to transition assistance after  
1.13 placement. Further, the goal of long-term care consultation services is to contain costs  
1.14 associated with unnecessary institutional admissions. Long-term care consultation services  
1.15 must be available to any person regardless of public program eligibility.

1.16 (b) The commissioner of human services shall seek to maximize use of available federal  
1.17 and state funds and establish the broadest program possible within the funding available.

1.18 (c) Long-term care consultation services must be coordinated with long-term care options  
1.19 counseling, long-term care options counseling ~~for assisted living~~ at critical care transitions,  
1.20 the Disability Hub, and preadmission screening.

1.21 (d) A lead agency providing long-term care consultation services shall encourage the  
1.22 use of volunteers from families, religious organizations, social clubs, and similar civic and  
1.23 service organizations to provide community-based services.

2.1 Sec. 2. Minnesota Statutes 2024, section 256B.0911, subdivision 10, is amended to read:

2.2 Subd. 10. **Definitions.** (a) For purposes of this section, the following definitions apply.

2.3 (b) "Available service and setting options" or "available options," with respect to the  
2.4 home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49,  
2.5 means all services and settings defined under the waiver plan for which a waiver applicant  
2.6 or waiver participant is eligible.

2.7 (c) "Competitive employment" means work in the competitive labor market that is  
2.8 performed on a full-time or part-time basis in an integrated setting, and for which an  
2.9 individual is compensated at or above the minimum wage, but not less than the customary  
2.10 wage and level of benefits paid by the employer for the same or similar work performed by  
2.11 individuals without disabilities.

2.12 (d) "Cost-effective" means community services and living arrangements that cost the  
2.13 same as or less than institutional care. For an individual found to meet eligibility criteria  
2.14 for home and community-based service programs under chapter 256S or section 256B.49,  
2.15 "cost-effectiveness" has the meaning found in the federally approved waiver plan for each  
2.16 program.

2.17 (e) "Independent living" means living in a setting that is not controlled by a provider.

2.18 (f) "Informed choice" has the meaning given in section 256B.4905, subdivision 1a.

2.19 (g) "Lead agency" means a county administering or a Tribe or health plan under contract  
2.20 with the commissioner to administer long-term care consultation services.

2.21 (h) "Long-term care consultation services" means the activities described in subdivision  
2.22 11.

2.23 (i) "Long-term care options counseling" means the services provided by sections 256.01,  
2.24 subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and  
2.25 follow-up after a long-term care consultation assessment has been completed.

2.26 (j) "Long-term care options counseling ~~for assisted living~~ at critical care transitions"  
2.27 means the services provided under section 256.975, ~~subdivisions~~ subdivision 7e to 7g.

2.28 (k) "Minnesota health care programs" means the medical assistance program under this  
2.29 chapter and the alternative care program under section 256B.0913.

2.30 (l) "Person-centered planning" is a process that includes the active participation of a  
2.31 person in the planning of the person's services, including in making meaningful and informed  
2.32 choices about the person's own goals, talents, and objectives, as well as making meaningful

3.1 and informed choices about the services the person receives, the settings in which the person  
3.2 receives the services, and the setting in which the person lives.

3.3 (m) "Preadmission screening" means the services provided under section 256.975,  
3.4 subdivisions 7a to 7c.

3.5 Sec. 3. Minnesota Statutes 2024, section 256B.0911, subdivision 13, is amended to read:

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

3.9 (b) MnCHOICES certified assessors must:

3.10 (1) either have ~~a bachelor's~~ at least an associate's degree in ~~social work~~ human services,  
3.11 nursing with a public health nursing certificate, or other closely related field or be a registered  
3.12 nurse; and

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

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

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

3.19 Sec. 4. Minnesota Statutes 2024, section 256B.0911, subdivision 14, is amended to read:

3.20 Subd. 14. **Use of MnCHOICES certified assessors required.** (a) Each lead agency  
3.21 shall use MnCHOICES certified assessors who have completed MnCHOICES training and  
3.22 the certification process determined by the commissioner in subdivision 13.

3.23 (b) Each lead agency must ensure that the lead agency has sufficient numbers of certified  
3.24 assessors to provide long-term consultation assessment and support planning within the  
3.25 timelines and parameters of the service.

3.26 (c) A lead agency may choose, according to departmental policies, to contract with a  
3.27 qualified, certified assessor to conduct assessments and reassessments on behalf of the lead  
3.28 agency.

3.29 (d) Tribes and health plans under contract with the commissioner must provide long-term  
3.30 care consultation services as specified in the contract.

4.1 (e) A lead agency must provide the commissioner with an administrative contact for  
4.2 communication purposes.

4.3 (f) A lead agency may contract with hospitals to conduct assessments of patients in the  
4.4 hospital on behalf of the lead agency when the lead agency has failed to meet its obligations  
4.5 under subdivision 17 to complete within 20 working days an assessment of a person in a  
4.6 hospital (1) who has requested long-term care consultation services, or (2) for whom  
4.7 long-term care consultation services have been recommended and the commissioner has  
4.8 also failed to meet the commissioner's obligation under subdivision 34 to complete an  
4.9 assessment within ten working days of the recommendation. The contracted assessment  
4.10 must be conducted by a hospital employee who is a qualified, certified assessor. The hospital  
4.11 employees who perform assessments under the contract between the hospital and the lead  
4.12 agency may perform assessments in addition to other duties assigned to the employee by  
4.13 the hospital, except the hospital employees who perform the assessments under contract  
4.14 with the lead agency must not perform any waiver-related tasks other than assessments.  
4.15 The reimbursement by the county to the hospital for each assessment conducted must not  
4.16 exceed the sum of the average reimbursement from the commissioner to the county per  
4.17 assessment, plus the county share as determined under subdivision 33.

4.18 Sec. 5. Minnesota Statutes 2024, section 256B.0911, subdivision 17, is amended to read:

4.19 Subd. 17. **MnCHOICES assessments.** (a) ~~A person requesting long-term care~~  
4.20 ~~consultation services must be visited by a long-term care consultation team~~ must complete  
4.21 an assessment of a person requesting long-term care consultation services or for whom  
4.22 long-term care consultation services were recommended within 20 working days after the  
4.23 date on which an assessment was requested or recommended. For each day that a lead  
4.24 agency is out of compliance with the required timeline for completing an assessment under  
4.25 this paragraph, the lead agency shall forfeit to the commissioner of human services a fine  
4.26 of \$250. The commissioner must deposit all forfeitures under this paragraph into the general  
4.27 fund. The commissioner may waive the daily fines in part or in whole upon a determination  
4.28 by the commissioner that the lead agency lacks sufficient staff to meet the required timelines.  
4.29 If the lead agency is aggrieved by the decision of the commissioner to not waive the fines,  
4.30 the lead agency may appeal to the district court having jurisdiction over the lead agency  
4.31 responsible for providing the long-term care consultation services at issue under section  
4.32 256.045, subdivision 7.

4.33 (b) Assessments must be conducted according to this subdivision and subdivisions 19  
4.34 to 21, 23, 24, and 29 to 31.

5.1 ~~(b)~~ (c) Lead agencies shall use certified assessors to conduct the assessment.

5.2 ~~(e)~~ (d) For a person with complex health care needs, a public health or registered nurse  
5.3 from the team must be consulted.

5.4 ~~(d)~~ (e) The lead agency must use the MnCHOICES assessment provided by the  
5.5 commissioner to complete a comprehensive, conversation-based, person-centered assessment.  
5.6 The assessment must include the health, psychological, functional, environmental, and  
5.7 social needs of the individual necessary to develop a person-centered assessment summary  
5.8 that meets the individual's needs and preferences.

5.9 ~~(e)~~ (f) Except as provided in subdivision 24, an assessment must be conducted by a  
5.10 certified assessor in an in-person conversational interview with the person being assessed.

5.11 Sec. 6. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision  
5.12 to read:

5.13 Subd. 34. **State assessors.** (a) The commissioner must create a pool of state employees  
5.14 who are qualified, certified assessors. A member of the state-employed certified assessor  
5.15 pool may perform other duties as assigned. A member of the state-employed certified  
5.16 assessor pool must not be assigned or perform any duties related to appeals under section  
5.17 256.045 of certified assessors' decisions regarding eligibility for services and programs as  
5.18 defined in subdivision 11, clauses (5), (7) to (10), and (15); certified assessors' decisions  
5.19 regarding the need for institutional level of care; or lead agencies' final decisions regarding  
5.20 eligibility for public programs.

5.21 (b) The commissioner must deploy a state-employed certified assessor who must complete  
5.22 an assessment within ten business days of a request from a facility if the conditions of  
5.23 paragraph (c) or (d) are met. For the purposes of this subdivision, "facility" means a hospital,  
5.24 a licensed health care facility, a licensed residential setting, a licensed assisted living facility,  
5.25 or any correctional facility enumerated in section 241.91.

5.26 (c) If a lead agency fails to meet its obligation under subdivision 17 to complete within  
5.27 20 working days an assessment of a person in a facility who has requested long-term care  
5.28 consultation services or for whom long-term care consultation services have been  
5.29 recommended, the facility may request that the commissioner deploy a state-employed  
5.30 certified assessor to conduct an assessment of that person on behalf of the lead agency.

5.31 (d) If at any time a lead agency informs a facility that the lead agency will not meet its  
5.32 obligation under subdivision 17 to complete an assessment of the person in the facility who  
5.33 has requested long-term care consultation services or for whom long-term care services

6.1 were requested, the facility may request that the commissioner deploy a state-employed  
6.2 certified assessor to conduct the assessment of that person on behalf of the lead agency.

6.3 (e) For each assessment conducted under this subdivision, the commissioner shall recoup  
6.4 from the lead agency the sum of the average reimbursement from the commissioner to the  
6.5 lead agency per assessment, plus the county share as determined under subdivision 33.

6.6 Sec. 7. Minnesota Statutes 2024, section 256B.0911, is amended by adding a subdivision  
6.7 to read:

6.8 Subd. 35. **Report on assessment completions.** (a) The commissioner shall issue a public  
6.9 report twice per year containing summary data on the completion of assessments under this  
6.10 section. Lead agencies must submit to the commissioner in the form and manner determined  
6.11 by the commissioner all summary data the commissioner requests for the purposes of the  
6.12 report.

6.13 (b) The report must include:

6.14 (1) the total number of assessments performed since the previous reporting period;

6.15 (2) the total number of initial assessments performed since the previous reporting period;

6.16 (3) the total number of reassessments performed since the previous reporting period;

6.17 (4) the number and percentage of assessments completed within the required timeline,  
6.18 by a lead agency;

6.19 (5) the average length of time to complete an assessment, by a lead agency;

6.20 (6) the number and percentage of all assessments performed on behalf of a lead agency  
6.21 by a state-employed assessor under subdivision 34, by a lead agency;

6.22 (7) the number and percentage of all assessments performed on behalf of a lead agency  
6.23 by a hospital under subdivision 14, paragraph (f), by a lead agency;

6.24 (8) summary data of the location in which the assessments were performed; and

6.25 (9) other information the commissioner determines is valuable to assess the capacity of  
6.26 lead agencies to complete assessments within the timelines prescribed by law.