A bill for an act

relating to human services; establishing a proposal to provide grants to organizations providing care coordination services to medical assistance recipients with HIV or who are at risk of contracting HIV; 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.0757] HIV CARE COORDINATION GRANTS.**

Subdivision 1. **Grants.** The commissioner shall award grants to providers, including nonprofit organizations and public health agencies, for the provision of needs assessments and early intervention services; assistance in procuring financial, medical, legal, social, and pastoral services; counseling and therapy; home care services and supplies; advocacy; and case management services to individuals who have the human immunodeficiency virus (HIV) or who are at risk of contracting HIV and who are eligible for medical assistance.

Subd. 2. **HIV care coordination.** (a) For purposes of this subdivision, "care coordination" includes coordination of outpatient medical care, specialty care, inpatient care, dental care, mental health care, and medical case management.

(b) The commissioner shall increase medical assistance reimbursement to each provider that receives a grant under subdivision 1 and meets one of the following:

(1) the provider is recognized by the National Committee on Quality Assurance as a patient-centered medical home; or

(2) the commissioner determines that the provider meets the following aspects of care:

(i) adoption of written standards for patient access and patient communication;

(ii) use of data to show that standards for patient access and patient communication are satisfied;

(iii) use of paper or electronic charting tools to organize clinical information;

(iv) use of data to identify diagnoses and conditions among the provider's patients that have a lasting detrimental effect on health;

(v) adoption and implementation of guidelines that are based on evidence for treatment and management of HIV-related conditions;

(vi) active support of patient self-management;

(vii) systematic tracking of patient test results and systematic identification of patient test results that are abnormal;

(viii) systematic tracking of referrals using a paper or electronic system;

(ix) measuring the quality of the performance of the provider and of individuals who perform services on behalf of the provider, including with respect to provision of clinical services, patient outcomes, and patient safety; and

(x) reporting to employees and contractors of the provider and to other persons on the quality of the performance of the provider and of individuals who perform services on behalf of the provider.

(c) The proposal must specify increases in reimbursement rates for providers that satisfy the conditions under paragraph (b), and must provide for payment of a monthly per-patient care coordination fee to those providers. The commissioner shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy one of the conditions under paragraph (b). The proposal must specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than July 1, 2011.

(d) The commissioner shall, subject to federal approval, implement the proposal beginning July 1, 2011.

(e) The commissioner shall apply to the federal government for all applicable grants and demonstrations under the Patient Protection and Affordable Health Care Act, Public Law 111-148, that would provide federal funding for care coordination demonstration projects or higher federal match for care coordination fees.

Sec. 2. **APPROPRIATIONS.**

$..... is appropriated in fiscal year 2011 from the general fund to the commissioner of human services to award as grants in accordance with Minnesota Statutes, section 256B.0757.