A bill for an act

relating to human services; authorizing medical assistance reimbursement for in-reach community-based care coordination in a hospital setting; amending Minnesota Statutes 2010, section 256B.0625, by adding a subdivision.

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

Section 1. Minnesota Statutes 2010, section 256B.0625, is amended by adding a subdivision to read:

Subd. 55. **Medical care coordination.** (a) Medical assistance covers in-reach community-based care coordination that is performed in a medical care facility as an eligible procedure under a state healthcare program or private insurance. In-reach community-based care coordination includes navigating services to address a client's mental health, chemical health, social, economic, and housing needs, or any other activity targeted at reducing the incidence of emergency room and other nonmedically necessary health care utilization.

(b) Reimbursement must be made in 15-minute increments under current Medicaid social work reimbursement methodology. Eligible in-reach care coordinators must hold a minimum of a bachelor's degree in social work, public health, corrections, or related field. The commissioner shall submit any necessary application for waivers to the Centers for Medicare and Medicaid Services to implement this subdivision.

(c) For the purposes of this subdivision, "in-reach community-based care coordination" means the practice of a community-based worker with training, knowledge, skills, and ability to access a continuum of services, including housing, transportation, chemical and mental health treatment, employment, and peer support services, by working with an organization's staff to transition an individual back into the individual's living

environment. In-reach community-based care coordination includes working with the individual during their discharge and for up to a defined amount of time in the individual's living environment, reducing the individual's need for readmittance.