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## SENATE STATE OF MINNESOTA EIGHTY-EIGHTH LEGISLATURE

S.F. No. 499

(SENATE AUTHORS: SPARKS and Sheran)		
DATE	D-PG	OFFICIAL STATUS
02/14/2013	239	Introduction and first reading Referred to Health, Human Services and Housing

1.1	A bill for an act
1.2	relating to human services; modifying the division of cost for intermediate care
1.3	facilities for persons with developmental disabilities; amending Minnesota
1.4	Statutes 2012, section 256B.19, subdivision 1.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2012, section 256B.19, subdivision 1, is amended to read:
1.7	Subdivision 1. Division of cost. The state and county share of medical assistance
1.8	costs not paid by federal funds shall be as follows:
1.9	(1) beginning January 1, 1992, 50 percent state funds and 50 percent county funds
1.10	for the cost of placement of severely emotionally disturbed children in regional treatment
1.11	centers;
1.12	(2) beginning January 1, 2003, 80 percent state funds and 20 percent county funds
1.13	for the costs of nursing facility placements of persons with disabilities under the age of 65
1.14	that have exceeded 90 days. This clause shall be subject to chapter 256G and shall not
1.15	apply to placements in facilities not certified to participate in medical assistance;
1.16	(3) beginning July 1, 2004, 90 percent state funds and ten percent county funds for
1.17	the costs of placements that have exceeded 90 days in intermediate care facilities for
1.18	persons with developmental disabilities that have seven or more beds, except beginning
1.19	July 1, 2013, 100 percent state funds shall be used for the costs of placements that have
1.20	exceeded 90 days in intermediate care facilities for persons with developmental disabilities
1.21	that have seven or more beds and are apartment-style with each separate unit having its
1.22	own kitchen, bathroom, dining, living area, and four or less single person bedrooms, and
1.23	private entrance to the unit with a secondary door connected to a common hallway. This
1.24	provision includes pass-through payments made under section 256B.5015; and

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(4) beginning July 1, 2004, when state funds are used to pay for a nursing facility
placement due to the facility's status as an institution for mental diseases (IMD), the
county shall pay 20 percent of the nonfederal share of costs that have exceeded 90 days.
This clause is subject to chapter 256G.

For counties that participate in a Medicaid demonstration project under sections
2.6 256B.69 and 256B.71, the division of the nonfederal share of medical assistance expenses
for payments made to prepaid health plans or for payments made to health maintenance
organizations in the form of prepaid capitation payments, this division of medical
assistance expenses shall be 95 percent by the state and five percent by the county of
financial responsibility.

In counties where prepaid health plans are under contract to the commissioner to
provide services to medical assistance recipients, the cost of court ordered treatment
ordered without consulting the prepaid health plan that does not include diagnostic
evaluation, recommendation, and referral for treatment by the prepaid health plan is the

2.15 responsibility of the county of financial responsibility.