

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

**S.F. No. 1631**

(SENATE AUTHORS: ABELER)

DATE  
02/25/2019

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act  
1.2 relating to health; requiring preadmission screening for any patient admitted to a  
1.3 swing bed in a critical access hospital; amending Minnesota Statutes 2018, sections  
1.4 144.562, subdivision 3; 256.975, subdivision 7a.

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

1.6 Section 1. Minnesota Statutes 2018, section 144.562, subdivision 3, is amended to read:

1.7 Subd. 3. **Approval of license condition.** (a) The commissioner of health shall approve  
1.8 a license condition for swing beds if the hospital meets all of the criteria of this subdivision.

1.9 (b) The hospital must meet the eligibility criteria in subdivision 2.

1.10 (c) The hospital must be in compliance with the Medicare conditions of participation  
1.11 for swing beds under Code of Federal Regulations, title 42, section 482.66.

1.12 (d) The hospital must agree, in writing, to limit the length of stay of a patient receiving  
1.13 services in a swing bed to not more than 40 days, or the duration of Medicare eligibility,  
1.14 unless the commissioner of health approves a greater length of stay in an emergency situation.

1.15 To determine whether an emergency situation exists, the commissioner shall require the  
1.16 hospital to provide documentation that continued services in the swing bed are required by  
1.17 the patient; that no skilled nursing facility beds are available within 25 miles from the  
1.18 patient's home, or in some more remote facility of the resident's choice, that can provide  
1.19 the appropriate level of services required by the patient; and that other alternative services  
1.20 are not available to meet the needs of the patient. If the commissioner approves a greater  
1.21 length of stay, the hospital shall develop a plan providing for the discharge of the patient  
1.22 upon the availability of a nursing home bed or other services that meet the needs of the

2.1 patient. Permission to extend a patient's length of stay must be requested by the hospital at  
2.2 least ten days prior to the end of the maximum length of stay.

2.3 (e) The hospital must agree, in writing, to limit admission to a swing bed only to (1)  
2.4 patients who have been hospitalized and not yet discharged from the facility, or (2) patients  
2.5 who are transferred directly from an acute care hospital.

2.6 (f) The hospital must agree, in writing, to report to the commissioner of health by  
2.7 December 1, 1985, and annually thereafter, in a manner required by the commissioner (1)  
2.8 the number of patients readmitted to a swing bed within 60 days of a patient's discharge  
2.9 from the facility, (2) the hospital's charges for care in a swing bed during the reporting  
2.10 period with a description of the care provided for the rate charged, and (3) the number of  
2.11 beds used by the hospital for transitional care and similar subacute inpatient care.

2.12 (g) The hospital must agree, in writing, to report statistical data on the utilization of the  
2.13 swing beds on forms supplied by the commissioner. The data must include the number of  
2.14 swing beds, the number of admissions to and discharges from swing beds, Medicare  
2.15 reimbursed patient days, total patient days, and other information required by the  
2.16 commissioner to assess the utilization of swing beds.

2.17 (h) For critical access hospitals established under section 144.1483, clause (9), and  
2.18 United States Code, title 42, section 1395i-4, the hospital must agree, in writing, to limit  
2.19 admission to a swing bed only to patients who have received a preadmission screening as  
2.20 provided under section 256.975, subdivisions 7a to 7d.

2.21 Sec. 2. Minnesota Statutes 2018, section 256.975, subdivision 7a, is amended to read:

2.22 Subd. 7a. **Preadmission screening activities related to nursing facility admissions.** (a)  
2.23 All individuals seeking admission to Medicaid-certified nursing facilities, including certified  
2.24 boarding care facilities, or to a swing bed located in a critical access hospital established  
2.25 under section 144.1483, clause (9), with a valid license condition for swing beds granted  
2.26 under section 144.562, must be screened prior to admission regardless of income, assets,  
2.27 or funding sources for nursing facility care, except as described in subdivision 7b, paragraphs  
2.28 (a) and (b). The purpose of the screening is to determine the need for nursing facility level  
2.29 of care as described in section 256B.0911, subdivision 4e, and to complete activities required  
2.30 under federal law related to mental illness and developmental disability as outlined in  
2.31 paragraph (b).

2.32 (b) A person who has a diagnosis or possible diagnosis of mental illness or developmental  
2.33 disability must receive a preadmission screening before admission regardless of the

3.1 exemptions outlined in subdivision 7b, paragraphs (a) and (b), to identify the need for further  
3.2 evaluation and specialized services, unless the admission prior to screening is authorized  
3.3 by the local mental health authority or the local developmental disabilities case manager,  
3.4 or unless authorized by the county agency according to Public Law 101-508.

3.5 (c) The following criteria apply to the preadmission screening:

3.6 (1) requests for preadmission screenings must be submitted via an online form developed  
3.7 by the commissioner;

3.8 (2) the Senior LinkAge Line must use forms and criteria developed by the commissioner  
3.9 to identify persons who require referral for further evaluation and determination of the need  
3.10 for specialized services; and

3.11 (3) the evaluation and determination of the need for specialized services must be done  
3.12 by:

3.13 (i) a qualified independent mental health professional, for persons with a primary or  
3.14 secondary diagnosis of a serious mental illness; or

3.15 (ii) a qualified developmental disability professional, for persons with a primary or  
3.16 secondary diagnosis of developmental disability. For purposes of this requirement, a qualified  
3.17 developmental disability professional must meet the standards for a qualified developmental  
3.18 disability professional under Code of Federal Regulations, title 42, section 483.430.

3.19 (d) The local county mental health authority or the state developmental disability authority  
3.20 under Public Laws 100-203 and 101-508 may prohibit admission to a nursing facility if the  
3.21 individual does not meet the nursing facility level of care criteria or needs specialized  
3.22 services as defined in Public Laws 100-203 and 101-508. For purposes of this section,  
3.23 "specialized services" for a person with developmental disability means active treatment as  
3.24 that term is defined under Code of Federal Regulations, title 42, section 483.440 (a)(1).

3.25 (e) In assessing a person's needs, the screener shall:

3.26 (1) use an automated system designated by the commissioner;

3.27 (2) consult with care transitions coordinators or physician; and

3.28 (3) consider the assessment of the individual's physician.

3.29 Other personnel may be included in the level of care determination as deemed necessary  
3.30 by the screener.