

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 3424

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DATE	D-PG	OFFICIAL STATUS
02/20/2020	4849	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/04/2020	5239	Withdrawn and re-referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to human services; modifying provisions governing medical assistance

1.3 coverage of health home services; amending Minnesota Statutes 2018, section

1.4 256B.0757, subdivision 8; Minnesota Statutes 2019 Supplement, section

1.5 256B.0757, subdivisions 1, 2, 2a, 4.

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

1.7 Section 1. Minnesota Statutes 2019 Supplement, section 256B.0757, subdivision 1, is

1.8 amended to read:

1.9 Subdivision 1. **Provision of coverage.** (a) The commissioner ~~shall~~ must provide medical

1.10 assistance coverage of health home services for eligible individuals with chronic conditions

1.11 who select a designated provider as the individual's health home.

1.12 (b) The commissioner ~~shall~~ must implement this section in compliance with the

1.13 requirements of the state option to provide health homes for enrollees with chronic conditions,

1.14 as provided under ~~the Patient Protection and Affordable Care Act, Public Law 111-148,~~

1.15 ~~sections 2703 and 3502~~ United States Code, title 42, section 1396w-4. Terms used in this

1.16 section have the meaning provided ~~in that act.~~ in United States Code, title 42, section

1.17 1396w-4, unless otherwise defined in this section.

1.18 (c) The commissioner ~~shall~~ must establish health homes to serve populations with serious

1.19 mental illness who meet the eligibility requirements described under subdivision 2. The

1.20 health home services provided by health homes ~~shall~~ must focus on both the behavioral and

1.21 the physical health of these populations.

2.1 Sec. 2. Minnesota Statutes 2019 Supplement, section 256B.0757, subdivision 2, is amended
2.2 to read:

2.3 Subd. 2. **Eligible individual.** (a) The commissioner may elect to develop health home
2.4 models in accordance with United States Code, title 42, section 1396w-4.

2.5 (b) An individual is eligible for behavioral health home services under this section if
2.6 the individual is eligible for medical assistance under this chapter and has a condition that
2.7 meets the definition of mental illness as described in section 245.462, subdivision 20,
2.8 paragraph (a), or emotional disturbance as defined in section 245.4871, subdivision 15,
2.9 clause (2). The commissioner ~~shall~~ must establish criteria for determining continued
2.10 eligibility.

2.11 (c) An individual is eligible for medical recuperative health home services under this
2.12 section if the person has a chronic condition as defined in United States Code, title 42,
2.13 section 1396w-4(h), and if the person lacks a permanent place of residence at the time of
2.14 discharge from an emergency department or hospital.

2.15 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
2.16 must notify the revisor of statutes when federal approval has been obtained.

2.17 Sec. 3. Minnesota Statutes 2019 Supplement, section 256B.0757, subdivision 2a, is
2.18 amended to read:

2.19 Subd. 2a. **Behavioral health home discharge criteria.** (a) An individual may be
2.20 discharged from behavioral health home services if:

2.21 (1) the behavioral health home services provider is unable to locate, contact, and engage
2.22 the individual for a period of greater than three months after persistent efforts by the
2.23 behavioral health home services provider; or

2.24 (2) the individual is unwilling to participate in behavioral health home services as
2.25 demonstrated by the individual's refusal to meet with the behavioral health home services
2.26 provider, or refusal to identify the individual's health and wellness goals or the activities or
2.27 support necessary to achieve these goals.

2.28 (b) Before discharge from behavioral health home services, the behavioral health home
2.29 services provider must offer a face-to-face meeting with the individual, the individual's
2.30 identified supports, and the behavioral health home services provider to discuss options
2.31 available to the individual, including maintaining behavioral health home services.

3.1 Sec. 4. Minnesota Statutes 2019 Supplement, section 256B.0757, subdivision 4, is amended
3.2 to read:

3.3 Subd. 4. **Designated provider.** Health home services are voluntary and an eligible
3.4 individual may choose any designated provider. The commissioner ~~shall~~ must establish
3.5 designated providers to serve as health homes and provide the services described in
3.6 subdivision 3 to individuals eligible under subdivision 2. The commissioner ~~shall~~ must
3.7 apply for grants as provided under ~~section 3502 of the Patient Protection and Affordable~~
3.8 ~~Care Act~~ United States Code, title 42, section 1396w-4(c)(3), to establish health homes and
3.9 provide capitated payments to designated providers. For purposes of this section, "designated
3.10 provider" means a provider, clinical practice or clinical group practice, rural clinic,
3.11 community health center, community mental health center, or any other entity that is
3.12 determined by the commissioner to be qualified to be a health home for eligible individuals.
3.13 This determination must be based on documentation evidencing that the designated provider
3.14 has the systems and infrastructure in place to provide health home services and satisfies the
3.15 qualification standards established by the commissioner in consultation with stakeholders
3.16 and approved by the Centers for Medicare and Medicaid Services.

3.17 Sec. 5. Minnesota Statutes 2018, section 256B.0757, subdivision 8, is amended to read:

3.18 Subd. 8. **Evaluation and continued development.** (a) For continued certification under
3.19 this section, health homes must meet process, outcome, and quality standards developed
3.20 and specified by the commissioner. The commissioner ~~shall~~ must collect data from health
3.21 homes as necessary to monitor compliance with certification standards.

3.22 (b) The commissioner may contract with a private entity to evaluate patient and family
3.23 experiences, health care utilization, and costs.

3.24 ~~(c) The commissioner shall utilize findings from the implementation of behavioral health~~
3.25 ~~homes to determine populations to serve under subsequent health home models for individuals~~
3.26 ~~with chronic conditions.~~