

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 3786

(SENATE AUTHORS: ABELER and Hoffman)

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

1.1 A bill for an act
1.2 relating to human services; modifying the reimbursement methodology for
1.3 long-term care consultation services; amending Minnesota Statutes 2018, section
1.4 256B.0911, subdivision 6.

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

1.6 Section 1. Minnesota Statutes 2018, section 256B.0911, subdivision 6, is amended to read:

1.7 Subd. 6. **Payment for long-term care consultation services.** (a) ~~Until September 30,~~
1.8 ~~2013, payment for long-term care consultation face-to-face assessment shall be made as~~
1.9 ~~described in this subdivision.~~

1.10 ~~(b) The total payment for each county must be paid monthly by~~ Certified nursing facilities
1.11 shall contribute to the reimbursement to the counties in which they are located for long-term
1.12 care consultation activities in the county. The monthly amount to be ~~paid~~ contributed by
1.13 each nursing facility for each fiscal year must be determined by dividing the county's annual
1.14 allocation for long-term care consultation services by 12 to determine the monthly ~~payment~~
1.15 contribution and allocating the monthly ~~payment~~ allocation to each nursing facility based
1.16 on the number of licensed beds in the nursing facility. ~~Payments~~ Contributions to the
1.17 reimbursement for counties in which there is no certified nursing facility must be made by
1.18 increasing the ~~payment~~ contribution rate of the two facilities located nearest to the county
1.19 seat.

1.20 ~~(e)~~ (b) The commissioner shall include the total annual payment contribution determined
1.21 under paragraph (b) for (a) in each nursing facility reimbursed facility's total payment rate
1.22 under section 256B.431 or 256B.434 or chapter 256R.

2.1 ~~(d)~~ (c) In the event of the layaway, delicensure and decertification, or removal from
 2.2 layaway of 25 percent or more of the beds in a facility, the commissioner may adjust the
 2.3 ~~per diem total payment amount rate~~ in paragraph ~~(e)~~ (b) and may adjust the monthly ~~payment~~
 2.4 ~~contribution~~ amount in paragraph ~~(b)~~ (a). The effective date of an adjustment made under
 2.5 this paragraph shall be on or after the first day of the month following the effective date of
 2.6 the layaway, delicensure and decertification, or removal from layaway.

2.7 ~~(e)~~ (d) Payments for long-term care consultation services are available to the county or
 2.8 counties to cover staff salaries and expenses to provide the services described in ~~subdivision~~
 2.9 ~~subdivisions 1a and 3~~. The county shall employ, or contract with other agencies to employ,
 2.10 within the limits of available funding, sufficient personnel to provide long-term care
 2.11 consultation services while meeting the state's long-term care outcomes and objectives as
 2.12 defined in subdivision 1. The county shall be accountable for meeting local objectives as
 2.13 approved by the commissioner in the biennial home and community-based services quality
 2.14 assurance plan on a form provided by the commissioner. The commissioner of human
 2.15 services shall amend the Minnesota medical assistance plan to include reimbursement for
 2.16 the local consultation teams.

2.17 ~~(f)~~ (e) Notwithstanding section 256B.0641, overpayments attributable to payment of the
 2.18 screening costs under the medical assistance program may not be recovered from a facility.

2.19 ~~(g) The commissioner of human services shall amend the Minnesota medical assistance~~
 2.20 ~~plan to include reimbursement for the local consultation teams.~~

2.21 ~~(h) Until the alternative payment methodology in paragraph (i) is implemented, the~~
 2.22 ~~county may bill, as case management services, assessments, support planning, and~~
 2.23 ~~follow-along provided to persons determined to be eligible for case management under~~
 2.24 ~~Minnesota health care programs. No individual or family member shall be charged for an~~
 2.25 ~~initial assessment or initial support plan development provided under subdivision 3a or 3b.~~

2.26 ~~(i)~~ (f) The commissioner shall develop an alternative payment methodology, effective
 2.27 on ~~October 1, 2013~~ July 1, 2020, for long-term care consultation services that includes the
 2.28 funding available under this subdivision, and for assessments authorized under sections
 2.29 256B.092 and 256B.0659. In developing the new payment methodology, the commissioner
 2.30 shall consider the maximization of other funding sources, including federal administrative
 2.31 reimbursement through federal financial participation funding, for all long-term care
 2.32 consultation activity. The alternative payment methodology shall not include the use of the
 2.33 appropriate time studies ~~and the state financing of nonfederal share as part of the state's~~
 2.34 ~~medical assistance program. Between July 1, 2017, and June 30, 2019, the state shall pay~~

3.1 ~~84.3 percent of the nonfederal share as reimbursement to the counties. Beginning July 1,~~
3.2 ~~2019,~~ Between July 1, 2020, and June 30, 2022, the alternative payment methodology shall
3.3 include a 15-minute unit rate at the developmental disability waiver case management rate.
3.4 Beginning July 1, 2022, the alternative payment methodology shall use a tiered flat rate for
3.5 each assessment by type of assessment. In developing the tiered flat rates, the commissioner
3.6 shall use available billing data from fiscal years 2021 and 2022.

3.7 (g) The state shall pay 81.9 percent of the nonfederal share as reimbursement to the
3.8 counties.