

CHAPTER 315—S.F.No. 2868

An act relating to human services; providing time lines for the transition to a new case-mix system based upon the federal minimum data set; requiring education and training programs and a report to the legislature; amending Minnesota Statutes 1999 Supplement, section 256B.435, by adding a subdivision.

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

Section 1. Minnesota Statutes 1999 Supplement, section 256B.435, is amended by adding a subdivision to read:

Subd. 8. **CASE-MIX ADJUSTMENTS BASED UPON THE MINIMUM DATA SET.** The performance-based contracting system must include case-mix adjustments that are based upon the federally mandated minimum data set assessment instrument. These case-mix adjustments must be incorporated into the performance-based contracting system beginning on or after July 1, 2001, but no later than January 1, 2002, and must have a budget neutral financial impact on each facility at the time of implementation, relative to case-mix adjustments based upon the current state case-mix.

Sec. 2. **NURSING HOME CASE-MIX SYSTEM TRANSITION PLAN.**

(a) The commissioner of human services, in consultation with the commissioner of health and the advisory committee established under Minnesota Statutes, section 256B.434, subdivision 13, shall report to the legislature by January 15, 2001, on plans for the transition to and implementation of a case-mix system based upon the minimum data set assessment instrument. The report must:

(1) identify the specific case-mix adjustment system to be used under performance-based contracting, and provide a description and analysis of the differences between this case-mix adjustment system and the current case-mix system;

(2) provide a schedule for the transition to and implementation of the case-mix system that is consistent with the time lines specified in section 1;

(3) provide a schedule for case-mix assessments;

(4) describe the procedures for the reconsideration of case-mix determinations and auditing of assessments that will be used under the new case-mix system;

(5) include a plan for training and educating nursing facility providers and residents;

(6) identify any changes in preadmission screening and home and community-based programs necessary to conform to changes in the case-mix system;

(7) identify the process to be used to ensure budget neutrality at the facility level at the time of implementation; and

(8) provide draft legislation for any statutory changes necessary to implement the new case-mix system.

New language is indicated by underline, deletions by strikeout.

(b) The commissioner, in cooperation with the commissioner of health, shall:

(1) make available to nursing facility employees training on the implementation and administration of the new case-mix system; and

(2) make available to nursing facility residents and consumers easily understandable information on the new case-mix system and the impact of the transition on nursing facility residents.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:14 p.m.

CHAPTER 316—S.F.No. 2634

An act relating to civil law; civil commitment; providing for notice to certain relatives of patients receiving or hospitalized for psychiatric or mental health care; modifying consent provisions for voluntary mental health treatment for certain minors; amending Minnesota Statutes 1999 Supplement, section 253B.04, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. [144.334] RIGHT TO REQUEST PATIENT INFORMATION.

Upon an oral or written request by a spouse, parent, child, or sibling for information about a patient who is being evaluated for or diagnosed with mental illness, a provider must notify the requesting individual of the right under section 144.335, subdivision 3a, paragraph (f), to have the provider request the patient's authorization to release information about the patient to a designated individual.

Sec. 2. Minnesota Statutes 1999 Supplement, section 253B.04, subdivision 1, is amended to read:

Subdivision 1. **VOLUNTARY ADMISSION AND TREATMENT.** (a) Voluntary admission is preferred over involuntary commitment and treatment. Any person 16 years of age or older may request to be admitted to a treatment facility as a voluntary patient for observation, evaluation, diagnosis, care and treatment without making formal written application. Any person under the age of 16 years may be admitted as a patient with the consent of a parent or legal guardian if it is determined by independent examination that there is reasonable evidence that (1) the proposed patient is mentally ill has a mental illness, or is mentally retarded; or chemically dependent; and (2) the proposed patient is suitable for treatment. The head of the treatment facility shall not arbitrarily refuse any person seeking admission as a voluntary patient.

(b) In addition to the consent provisions of paragraph (a), a person who is 16 or 17 years of age who refuses to consent personally to admission may be admitted as a patient for mental illness or chemical dependency treatment with the consent of a

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