

SENATE
STATE OF MINNESOTA
EIGHTY-SEVENTH LEGISLATURE

S.F. No. 1473

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DATE	D-PG	OFFICIAL STATUS
05/22/2011	3261	Introduction and first reading Referred to Health and Human Services

A bill for an act
relating to human services; directing the commissioner to seek federal approval of
the Community First Choice Option for disabled or aging individuals; modifying
rates for providers of certain waived and personal care assistance services.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **FEDERAL COMMUNITY FIRST CHOICE OPTION; REQUEST TO
SEEK FEDERAL APPROVAL.**

Subdivision 1. **Community First Choice Option.** The commissioner of human
services shall seek federal approval for the Community First Choice Option under the
Affordable Care Act. The commissioner shall maximize federal financial participation to
the extent possible to refinance:

- (1) the personal care assistance program;
- (2) home and community-based waived services; and
- (3) any other state or federal programs for persons needing ongoing home and
community assistance to meet functional needs due to disability or age.

The program must be cost neutral and have a limited but flexible benefit that supports
the goals of the program, including health and safety, increased independence that
includes employment, and support to live in the most integrated setting as required by
the Americans with Disabilities Act. The commissioner shall consolidate the programs
into one program that provides assistance at home or in the community under the state
plan option as provided in the federal 1915(k) Community First Choice Option. The
commissioner shall comply with federal administrative requirements to develop and
manage the program, and demonstrate its effectiveness in meeting its intended goals
within the allowable budget limits.

Subd. 2. **Reporting.** (a) The commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by February 1, 2012, with a progress report on the request for the federal approval and proposed legislation, state plan amendment language, and a preliminary implementation plan.

(b) The commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by July 1, 2012, with proposed federal and state home and community-based programs and services that can be reformed and simplified under the Community First Choice Option, including proposed legislation, state plan amendment language, and an implementation plan.

Sec. 2. **PROVIDER RATE AND GRANT REDUCTIONS.**

(a) The commissioner of human services shall decrease grants, allocations, reimbursement rates, individual limits, and rate limits, as applicable, by 0.5 percent effective July 1, 2012, for services rendered on or after that date. County or tribal contracts for services specified in this section must be amended to pass through these rate reductions within 60 days of the effective date of the decrease and must be retroactive from the effective date of the rate decrease.

(b) The rate changes described in this section must be provided to:

(1) home and community-based waived services for persons with developmental disabilities or related conditions, including self-directed supports, under Minnesota Statutes, section 256B.501;

(2) home and community-based waived services for the elderly, including self-directed supports, under Minnesota Statutes, section 256B.0915;

(3) waived services under community alternatives for disabled individuals, including self-directed supports, under Minnesota Statutes, section 256B.49;

(4) community alternative care waived services, including self-directed supports, under Minnesota Statutes, section 256B.49;

(5) traumatic brain injury waived services, including self-directed supports, under Minnesota Statutes, section 256B.49; and

(6) personal care services and qualified professional supervision of personal care services under Minnesota Statutes, section 256B.0625, subdivisions 6a and 19a.

(c) A managed care plan receiving state payments for the services in this section must include these decreases in their payments to providers. To implement the rate reductions in this section, capitation rates paid by the commissioner to managed care

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3.1 organizations under Minnesota Statutes, section 256B.69, shall reflect a reduction for the
3.2 specified services on and after July 1, 2012.

3.3 **EFFECTIVE DATE.** This section is effective July 1, 2012, only if the
3.4 commissioner's request for a federal 1915(k) Community First Choice Option waiver is
3.5 not approved before July 1, 2012.