

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

S.F. No. 1951

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DATE	D-PG	OFFICIAL STATUS
02/20/2023	921	Introduction and first reading Referred to Health and Human Services See SF2995

1.1 A bill for an act

1.2 relating to health care; requiring medical assistance to cover recuperative care

1.3 services; amending Minnesota Statutes 2022, section 256B.0625, by adding a

1.4 subdivision.

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

1.6 Section 1. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision

1.7 to read:

1.8 Subd. 68. **Recuperative care services.** (a) Medical assistance covers recuperative care

1.9 services provided in a setting that meets the requirements in paragraph (b) for recipients

1.10 who meet the eligibility requirements in paragraph (c). For purposes of this subdivision,

1.11 "recuperative care" means a model of care that prevents hospitalization or that provides

1.12 postacute medical care and support services for recipients experiencing homelessness who

1.13 are too ill or frail to recover from a physical illness or injury while living in a shelter or are

1.14 otherwise unhoused but who are not sick enough to be hospitalized, or remain hospitalized,

1.15 or to need other levels of care.

1.16 (b) Recuperative care may be provided in any setting, including but not limited to

1.17 homeless shelters, congregate care settings, single room occupancy settings, or supportive

1.18 housing, so long as the provider of recuperative care or provider of housing is able to provide

1.19 to the recipient within the designated setting, at a minimum:

1.20 (1) 24-hour access to a bed and bathroom;

1.21 (2) access to three meals a day;

1.22 (3) availability to environmental services;

- 2.1 (4) access to a telephone;
- 2.2 (5) a secure place to store belongings; and
- 2.3 (6) staff available within the setting to provide a wellness check as needed, but at a
- 2.4 minimum, at least once every 24 hours.
- 2.5 (c) To be eligible for this covered service, a recipient must:
- 2.6 (1) be 21 years of age or older;
- 2.7 (2) be experiencing homelessness;
- 2.8 (3) be in need of short term acute medical care for a period of no more than 60 days;
- 2.9 (4) meet clinical criteria, as established by the commissioner, that indicates that the
- 2.10 recipient is in need of recuperative care; and
- 2.11 (5) not have behavioral health needs that are greater than what can be managed by the
- 2.12 provider within the setting.
- 2.13 (d) The commissioner shall establish a bundled daily payment rate per recipient to be
- 2.14 paid to a provider for up to 60 consecutive days. The bundled payment must consist of two
- 2.15 components. The first component must be for the services provided to the recipient and the
- 2.16 second component must be for the facility costs. The second component must be paid using
- 2.17 state funds, and can only be paid when the first component is paid to a provider. Providers
- 2.18 may opt to only be reimbursed for the first component. A provider under this subdivision
- 2.19 means a recuperative care provider and is defined by the standards established by the National
- 2.20 Institute for Medical Respite Care. Services provided within the bundled payment may
- 2.21 include but are not limited to:
- 2.22 (1) basic nursing care, including:
- 2.23 (i) monitoring a patient's physical health and pain level;
- 2.24 (ii) providing wound care;
- 2.25 (iii) medication support;
- 2.26 (iv) patient education;
- 2.27 (v) immunization review and update; and
- 2.28 (vi) establishing clinical goals for the recuperative care period and discharge plan;
- 2.29 (2) care coordination and wraparound services, including:
- 2.30 (i) initial screening of medical, behavioral, and social needs;

3.1 (ii) behavioral health support; and

3.2 (iii) support and referral assistance for legal services, housing, community social services,
3.3 case management, health care benefits, health and other eligible benefits, and transportation
3.4 needs and services; and

3.5 (3) basic behavioral needs, including counseling and peer support.

3.6 (e) Before a recipient is discharged from a recuperative care setting, the provider must
3.7 ensure that the recipient's acute medical condition is stabilized.

3.8 **EFFECTIVE DATE.** This section is effective January 1, 2024.