

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

**S.F. No. 4261**

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**DATE**  
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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; establishing a contingent reduction in the county share  
1.3 for long-term care consultation services; amending Minnesota Statutes 2018,  
1.4 section 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 in the county. The monthly amount to be paid by each nursing facility for each fiscal year  
1.12 must be determined by dividing the county's annual allocation for long-term care consultation  
1.13 services by 12 to determine the monthly payment and allocating the monthly payment to  
1.14 each nursing facility based on the number of licensed beds in the nursing facility. Payments  
1.15 to counties in which there is no certified nursing facility must be made by increasing the  
1.16 payment rate of the two facilities located nearest to the county seat.

1.17 (c) The commissioner shall include the total annual payment determined under paragraph  
1.18 (b) for each nursing facility reimbursed under section 256B.431 or 256B.434 or chapter  
1.19 256R.

1.20 (d) In the event of the layaway, delicensure and decertification, or removal from layaway  
1.21 of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem  
1.22 payment amount in paragraph (c) and may adjust the monthly payment amount in paragraph

1.23 (b). The effective date of an adjustment made under this paragraph shall be on or after the

2.1 first day of the month following the effective date of the layaway, delicensure and  
2.2 decertification, or removal from layaway.

2.3 (e) Payments for long-term care consultation services are available to the county or  
2.4 counties to cover staff salaries and expenses to provide the services described in subdivision  
2.5 1a. The county shall employ, or contract with other agencies to employ, within the limits  
2.6 of available funding, sufficient personnel to provide long-term care consultation services  
2.7 while meeting the state's long-term care outcomes and objectives as defined in subdivision  
2.8 1. The county shall be accountable for meeting local objectives as approved by the  
2.9 commissioner in the biennial home and community-based services quality assurance plan  
2.10 on a form provided by the commissioner.

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

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

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

2.20 (i) The commissioner shall develop an alternative payment methodology, effective on  
2.21 October 1, 2013, for long-term care consultation services that includes the funding available  
2.22 under this subdivision, and for assessments authorized under sections 256B.092 and  
2.23 256B.0659. In developing the new payment methodology, the commissioner shall consider  
2.24 the maximization of other funding sources, including federal administrative reimbursement  
2.25 through federal financial participation funding, for all long-term care consultation activity.  
2.26 The alternative payment methodology shall include the use of the appropriate time studies  
2.27 and the state financing of nonfederal share as part of the state's medical assistance program.  
2.28 ~~Between July 1, 2017, and June 30, 2019, the state shall pay 84.3 percent of the nonfederal~~  
2.29 ~~share as reimbursement to the counties.~~ Beginning July 1, 2019, the state commissioner  
2.30 shall pay 81.9 percent of the nonfederal share as reimbursement to the counties.

2.31 (j) Beginning January 1, 2021, and every six months thereafter until MnCHOICES 2.0  
2.32 is fully implemented, the commissioner shall increase by three percent the percentage of  
2.33 the nonfederal share paid to counties as reimbursement for services and assessments described  
2.34 in paragraph (i). The increase in the state share of the nonfederal share required under this

- 3.1 paragraph must not be included in the forecast for medical assistance. Each fiscal year, the  
3.2 commissioner shall transfer from the existing central office community support budget  
3.3 activity to the medical assistance budget activity the amount equal to the increase in the  
3.4 state share of the nonfederal share required under this paragraph.