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State of Minnesota
HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2190

03/15/2021

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The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to health; modifying required frequency of resident reimbursement
- 1.3 classification assessments; funding cost reporting audit activities related to nursing
- 1.4 facility reimbursement; appropriating money to the commissioner of human
- 1.5 services; amending Minnesota Statutes 2020, section 144.0724, subdivision 4.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2020, section 144.0724, subdivision 4, is amended to read:
- 1.8 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
- 1.9 submit to the commissioner of health MDS assessments that conform with the assessment
- 1.10 schedule defined by Code of Federal Regulations, title 42, section 483.20, and published
- 1.11 by the United States Department of Health and Human Services, Centers for Medicare and
- 1.12 Medicaid Services, in the Long Term Care Assessment Instrument User's Manual, version
- 1.13 3.0, and subsequent updates when issued by the Centers for Medicare and Medicaid Services.
- 1.14 The commissioner of health may substitute successor manuals or question and answer
- 1.15 documents published by the United States Department of Health and Human Services,
- 1.16 Centers for Medicare and Medicaid Services, to replace or supplement the current version
- 1.17 of the manual or document.
- 1.18 (b) The assessments used to determine a case mix classification for reimbursement
- 1.19 include the following:
- 1.20 (1) a new admission comprehensive assessment, which must have an assessment reference
- 1.21 date (ARD) within 14 calendar days after admission, excluding readmissions;

(2) an annual comprehensive assessment, which must have an assessment reference date (ARD) within 92 days of ~~the~~ a previous quarterly review assessment ~~and the~~ or a previous comprehensive assessment;

(3) a significant change in status comprehensive assessment, which must ~~be completed~~ have an ARD within:

(i) 14 days ~~of the identification of~~ after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition, whether improvement or decline, and regardless of the amount of time since the last ~~significant change in status~~ comprehensive assessment or quarterly review assessment; and

(ii) seven days of all speech, occupational, and physical therapies ending. The last day on which speech, occupational, and physical therapy was provided is considered day zero when determining the assessment reference date for this significant change in status comprehensive assessment;

(4) ~~all~~ a quarterly ~~assessments~~ review assessment, which must have an assessment reference date (ARD) within:

(i) 92 days of the ARD of the previous quarterly review assessment or a previous comprehensive assessment; and

(ii) 14 days after isolation for an active infectious disease has ended. The last day of isolation is considered day zero when determining the assessment reference date for this quarterly assessment;

(5) any significant correction to a prior comprehensive assessment, if the assessment being corrected is the current one being used for RUG classification; and

(6) any significant correction to a prior quarterly review assessment, if the assessment being corrected is the current one being used for RUG classification.

(c) In addition to the assessments listed in paragraph (b), the assessments used to determine nursing facility level of care include the following:

(1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by the Senior LinkAge Line or other organization under contract with the Minnesota Board on Aging; and

(2) a nursing facility level of care determination as provided for under section 256B.0911, subdivision 4e, as part of a face-to-face long-term care consultation assessment completed

3.1 under section 256B.0911, by a county, tribe, or managed care organization under contract
3.2 with the Department of Human Services.

3.3 Sec. 2. **APPROPRIATION; IMPROVED FINANCIAL INTEGRITY OF NURSING**
3.4 **FACILITY RATES AND PAYMENTS.**

3.5 \$636,000 in fiscal year 2022 and \$636,000 in fiscal year 2023 are appropriated from the
3.6 general fund to the commissioner of human services to hire additional auditing staff to
3.7 improve financial integrity of nursing facility rates and payments, for auditor travel to
3.8 conduct audits, and for investigative software.