

222.26

ARTICLE 9

222.27

MISCELLANEOUS

222.28 Section 1. Minnesota Statutes 2024, section 144.0724, subdivision 11, is amended to read:

222.29 Subd. 11. **Nursing facility level of care.** (a) For purposes of medical assistance payment
222.30 of long-term care services, a recipient must be determined, using assessments defined in
222.31 subdivision 4, to meet one of the following nursing facility level of care criteria:

223.1 (1) the person requires formal clinical monitoring at least once per day;

223.2 (2) the person needs the assistance of another person or constant supervision to begin
223.3 and complete at least four of the following activities of living: bathing, bed mobility, dressing,
223.4 eating, grooming, toileting, transferring, and walking;

223.5 (3) the person needs the assistance of another person or constant supervision to begin
223.6 and complete toileting, transferring, or positioning and the assistance cannot be scheduled;

223.7 (4) the person has significant difficulty with memory, using information, daily decision
223.8 making, or behavioral needs that require intervention;

223.9 (5) the person has had a qualifying nursing facility stay of at least 90 days;

223.10 (6) the person meets the nursing facility level of care criteria determined 90 days after
223.11 admission or on the first quarterly assessment after admission, whichever is later; or

223.12 (7) the person is determined to be at risk for nursing facility admission or readmission
223.13 through a face-to-face long-term care consultation assessment as specified in section
223.14 256B.0911, subdivision 17 to 21, 23, 24, 27, or 28, by a county, tribe, or managed care
223.15 organization under contract with the Department of Human Services. The person is
223.16 considered at risk under this clause if the person currently lives alone or will live alone or
223.17 be homeless without the person's current housing and also meets one of the following criteria:

223.18 (i) the person has experienced a fall resulting in a fracture;

223.19 (ii) the person has been determined to be at risk of maltreatment or neglect, including
223.20 self-neglect; or

223.21 (iii) the person has a sensory impairment that substantially impacts functional ability
223.22 and maintenance of a community residence.

223.23 (b) The assessment used to establish medical assistance payment for nursing facility
223.24 services must be the most recent assessment performed under subdivision 4, paragraphs (b)
223.25 and (c), that occurred no more than 90 calendar days before the effective date of medical
223.26 assistance eligibility for payment of long-term care services. In no case shall medical
223.27 assistance payment for long-term care services occur prior to the date of the determination
223.28 of nursing facility level of care.

223.29 (c) The assessment used to establish medical assistance payment for long-term care
223.30 services provided under chapter 256S and section 256B.49 and alternative care payment
223.31 for services provided under section 256B.0913 must be the most recent face-to-face
223.32 assessment performed under section 256B.0911, subdivisions 17 to 21, 23, 24, 27, or 28,
224.1 that occurred no more than ~~60~~ one calendar ~~days~~ year before the effective date of medical
224.2 assistance eligibility for payment of long-term care services.

224.3 Sec. 2. Minnesota Statutes 2024, section 245A.042, is amended by adding a subdivision
224.4 to read:

224.5 Subd. 5. **Technical assistance and legal referrals required.** If requested by a license
224.6 holder that is subject to an enforcement action under section 245A.06 or 245A.07 and
224.7 operating a program licensed under this chapter and chapter 245D, the commissioner must
224.8 provide the license holder with requested technical assistance or must comply with a request
224.9 for a referral to legal assistance.

224.10 Sec. 3. Minnesota Statutes 2024, section 256.01, subdivision 34, is amended to read:

224.11 Subd. 34. **Federal administrative reimbursement dedicated.** Federal administrative
224.12 reimbursement resulting from the following activities is appropriated to the commissioner
224.13 for the designated purposes:

224.14 (1) reimbursement for the Minnesota senior health options project; ~~and~~

224.15 (2) reimbursement related to prior authorization, review of medical necessity, and
224.16 inpatient admission certification by a professional review organization. A portion of these
224.17 funds must be used for activities to decrease unnecessary pharmaceutical costs in medical
224.18 assistance; ~~and~~

224.19 (3) reimbursement for capacity building and implementation grant expenditures for the
224.20 medical assistance reentry demonstration waiver under section 256B.0761.