

1.1 Senator moves to amend as follows:

1.2 **"The following MnCHOICES sections are from the first official engrossment of**
1.3 **First Special Session S.F. No. 2, enacted as MN Laws 2017 First Special Session, chapter**
1.4 **6."**

1.5 Page ..., after line ..., insert:

1.6 "Section 1. Minnesota Statutes 2016, section 256B.0911, subdivision 2b, is amended to
1.7 read:

1.8 Subd. 2b. **MnCHOICES certified assessors.** (a) Each lead agency shall use certified
1.9 assessors who have completed MnCHOICES training and the certification processes
1.10 determined by the commissioner in subdivision 2c. Certified assessors shall demonstrate
1.11 best practices in assessment and support planning including person-centered planning
1.12 ~~principals~~ principles and have a common set of skills that must ensure consistency and
1.13 equitable access to services statewide. A lead agency may choose, according to departmental
1.14 policies, to contract with a qualified, certified assessor to conduct assessments and
1.15 reassessments on behalf of the lead agency. Certified assessors must use person-centered
1.16 planning principles to conduct an interview that identifies what is important to the person,
1.17 the person's needs for supports, health and safety concerns, and the person's abilities, interests,
1.18 and goals.

1.19 Certified assessors are responsible for:

1.20 (1) ensuring persons are offered objective, unbiased access to resources;

1.21 (2) ensuring persons have the needed information to support informed choice, including
1.22 where and how they choose to live and the opportunity to pursue desired employment;

1.23 (3) determining level of care and eligibility for long-term services and supports;

1.24 (4) using the information gathered from the interview to develop a person-centered
1.25 community support plan that reflects identified needs and support options within the context
1.26 of values, interests, and goals important to the person; and

1.27 (5) providing the person with a community support plan that summarizes the person's
1.28 assessment findings, support options, and agreed-upon next steps.

1.29 (b) MnCHOICES certified assessors are persons with a minimum of a bachelor's degree
1.30 in social work, nursing with a public health nursing certificate, or other closely related field
1.31 with at least one year of home and community-based experience, or a registered nurse with
1.32 at least two years of home and community-based experience who has received training and
1.33 certification specific to assessment and consultation for long-term care services in the state.

2.1 Sec. 2. Minnesota Statutes 2016, section 256B.0911, is amended by adding a subdivision
2.2 to read:

2.3 **Subd. 3f. Long-term care reassessments and community support plan updates.**
2.4 Reassessments must be tailored using the professional judgment of the assessor to the
2.5 person's known needs, strengths, preferences, and circumstances. Reassessments provide
2.6 information to support the person's informed choice and opportunities to express choice
2.7 regarding activities that contribute to quality of life, as well as information and opportunity
2.8 to identify goals related to desired employment, community activities, and preferred living
2.9 environment. Reassessments allow for a review of the current support plan's effectiveness,
2.10 monitoring of services, and the development of an updated person-centered community
2.11 support plan. Reassessments verify continued eligibility or offer alternatives as warranted
2.12 and provide an opportunity for quality assurance of service delivery. Face-to-face assessments
2.13 must be conducted annually or as required by federal and state laws and rules.

2.14 Sec. 3. Minnesota Statutes 2016, section 256B.0911, subdivision 4d, as amended by Laws
2.15 2017, chapter 40, article 1, section 69, is amended to read:

2.16 Subd. 4d. **Preadmission screening of individuals under 65 years of age.** (a) It is the
2.17 policy of the state of Minnesota to ensure that individuals with disabilities or chronic illness
2.18 are served in the most integrated setting appropriate to their needs and have the necessary
2.19 information to make informed choices about home and community-based service options.

2.20 (b) Individuals under 65 years of age who are admitted to a Medicaid-certified nursing
2.21 facility must be screened prior to admission according to the requirements outlined in section
2.22 256.975, subdivisions 7a to 7c. This shall be provided by the Senior LinkAge Line as
2.23 required under section 256.975, subdivision 7.

2.24 (c) Individuals under 65 years of age who are admitted to nursing facilities with only a
2.25 telephone screening must receive a face-to-face assessment from the long-term care
2.26 consultation team member of the county in which the facility is located or from the recipient's
2.27 county case manager within ~~40 calendar days of admission~~ the timeline established by the
2.28 commissioner, based on review of data.

2.29 (d) At the face-to-face assessment, the long-term care consultation team member or
2.30 county case manager must perform the activities required under subdivision 3b.

2.31 (e) For individuals under 21 years of age, a screening interview which recommends
2.32 nursing facility admission must be face-to-face and approved by the commissioner before
2.33 the individual is admitted to the nursing facility.

3.1 (f) In the event that an individual under 65 years of age is admitted to a nursing facility
3.2 on an emergency basis, the Senior LinkAge Line must be notified of the admission on the
3.3 next working day, and a face-to-face assessment as described in paragraph (c) must be
3.4 conducted within ~~40 calendar days of admission~~ the timeline established by the commissioner,
3.5 based on review of data.

3.6 (g) At the face-to-face assessment, the long-term care consultation team member or the
3.7 case manager must present information about home and community-based options, including
3.8 consumer-directed options, so the individual can make informed choices. If the individual
3.9 chooses home and community-based services, the long-term care consultation team member
3.10 or case manager must complete a written relocation plan within 20 working days of the
3.11 visit. The plan shall describe the services needed to move out of the facility and a time line
3.12 for the move which is designed to ensure a smooth transition to the individual's home and
3.13 community.

3.14 (h) An individual under 65 years of age residing in a nursing facility shall receive a
3.15 face-to-face assessment at least every 12 months to review the person's service choices and
3.16 available alternatives unless the individual indicates, in writing, that annual visits are not
3.17 desired. In this case, the individual must receive a face-to-face assessment at least once
3.18 every 36 months for the same purposes.

3.19 (i) Notwithstanding the provisions of subdivision 6, the commissioner may pay county
3.20 agencies directly for face-to-face assessments for individuals under 65 years of age who
3.21 are being considered for placement or residing in a nursing facility.

3.22 (j) Funding for preadmission screening follow-up shall be provided to the Disability
3.23 Linkage Line for the under-60 population by the Department of Human Services to cover
3.24 options counseling salaries and expenses to provide the services described in subdivisions
3.25 7a to 7c. The Disability Linkage Line shall employ, or contract with other agencies to
3.26 employ, within the limits of available funding, sufficient personnel to provide preadmission
3.27 screening follow-up services and shall seek to maximize federal funding for the service as
3.28 provided under section 256.01, subdivision 2, paragraph (aa).

3.29 Sec. 4. Minnesota Statutes 2016, section 256B.0911, subdivision 5, is amended to read:

3.30 Subd. 5. **Administrative activity.** (a) The commissioner shall streamline the processes,
3.31 including timelines for when assessments need to be completed, required to provide the
3.32 services in this section and shall implement integrated solutions to automate the business
3.33 processes to the extent necessary for community support plan approval, reimbursement,
3.34 program planning, evaluation, and policy development.

4.1 (b) The commissioner of human services shall work with lead agencies responsible for
4.2 conducting long-term consultation services to modify the MnCHOICES application and
4.3 assessment policies to create efficiencies while ensuring federal compliance with medical
4.4 assistance and long-term services and supports eligibility criteria.

4.5 Sec. 5. Minnesota Statutes 2016, section 256B.0911, subdivision 6, as amended by Laws
4.6 2017, chapter 40, article 1, section 70, is amended to read:

4.7 Subd. 6. **Payment for long-term care consultation services.** (a) Until September 30,
4.8 2013, payment for long-term care consultation face-to-face assessment shall be made as
4.9 described in this subdivision.

4.10 (b) The total payment for each county must be paid monthly by certified nursing facilities
4.11 in the county. The monthly amount to be paid by each nursing facility for each fiscal year
4.12 must be determined by dividing the county's annual allocation for long-term care consultation
4.13 services by 12 to determine the monthly payment and allocating the monthly payment to
4.14 each nursing facility based on the number of licensed beds in the nursing facility. Payments
4.15 to counties in which there is no certified nursing facility must be made by increasing the
4.16 payment rate of the two facilities located nearest to the county seat.

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

4.19 (d) In the event of the layaway, delicensure and decertification, or removal from layaway
4.20 of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem
4.21 payment amount in paragraph (c) and may adjust the monthly payment amount in paragraph
4.22 (b). The effective date of an adjustment made under this paragraph shall be on or after the
4.23 first day of the month following the effective date of the layaway, delicensure and
4.24 decertification, or removal from layaway.

4.25 (e) Payments for long-term care consultation services are available to the county or
4.26 counties to cover staff salaries and expenses to provide the services described in subdivision
4.27 1a. The county shall employ, or contract with other agencies to employ, within the limits
4.28 of available funding, sufficient personnel to provide long-term care consultation services
4.29 while meeting the state's long-term care outcomes and objectives as defined in subdivision
4.30 1. The county shall be accountable for meeting local objectives as approved by the
4.31 commissioner in the biennial home and community-based services quality assurance plan
4.32 on a form provided by the commissioner.

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

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

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

5.10 (i) The commissioner shall develop an alternative payment methodology, effective on
5.11 October 1, 2013, for long-term care consultation services that includes the funding available
5.12 under this subdivision, and for assessments authorized under sections 256B.092 and
5.13 256B.0659. In developing the new payment methodology, the commissioner shall consider
5.14 the maximization of other funding sources, including federal administrative reimbursement
5.15 through federal financial participation funding, for all long-term care consultation activity.
5.16 The alternative payment methodology shall include the use of the appropriate time studies
5.17 and the state financing of nonfederal share as part of the state's medical assistance program.
5.18 Between July 1, 2017, and June 30, 2019, the state shall pay 84.3 percent of the nonfederal
5.19 share as reimbursement to the counties. Beginning July 1, 2019, the state shall pay 81.9
5.20 percent of the nonfederal share as reimbursement to the counties."