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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3540

02/19/2020 Authored by Hassan, Backer, Bierman, Pierson, Bahner and others
The bill was read for the first time and referred to the Long-Term Care Division

1.1 A bill for an act
1.2 relating to human services; modifying assessment and reassessment requirements
1.3 for home and community-based service waivers for persons with disabilities;
1.4 amending Minnesota Statutes 2019 Supplement, section 256B.49, subdivision 14.

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

1.6 Section 1. Minnesota Statutes 2019 Supplement, section 256B.49, subdivision 14, is
1.7 amended to read:

1.8 Subd. 14. Assessment and reassessment. (a) Assessments and reassessments shall be
1.9 conducted by certified assessors according to section 256B.0911, subdivision 2b. The
1.10 certified assessor, with the permission of the recipient or the recipient's designated legal
1.11 representative, may invite other individuals to attend the assessment. With the permission
1.12 of the recipient or the recipient's designated legal representative, the recipient's current
1.13 provider of services may submit a written report outlining their recommendations regarding
1.14 the recipient's care needs prepared by a direct service employee who is familiar with the
1.15 person. The provider must submit the report at least 60 days before the end of the person's
1.16 current service agreement. The certified assessor must consider the content of the submitted
1.17 report prior to finalizing the person's assessment or reassessment.

1.18 (b) There must be a determination that the client requires a hospital level of care or a
1.19 nursing facility level of care as defined in section 256B.0911, subdivision 4e, at initial and
1.20 subsequent assessments to initiate and maintain participation in the waiver program.

1.21 (c) Regardless of other assessments identified in section 144.0724, subdivision 4, as
1.22 appropriate to determine nursing facility level of care for purposes of medical assistance
1.23 payment for nursing facility services, only face-to-face assessments conducted according

2.1 to section 256B.0911, subdivisions 3a, 3b, and 4d, that result in a hospital level of care
2.2 determination or a nursing facility level of care determination must be accepted for purposes
2.3 of initial and ongoing access to waiver services payment.

2.4 (d) Recipients who are found eligible for home and community-based services under
2.5 this section before their 65th birthday may remain eligible for these services after their 65th
2.6 birthday if they continue to meet all other eligibility factors.

2.7 (e) If a recipient is placed in a hospital, institute of mental disease, nursing care facility,
2.8 intensive residential treatment services program, transition care unit, or inpatient substance
2.9 use disorder treatment for at least 30 days, the recipient's home and community-based
2.10 services waiver must not be terminated if there is reason to believe the recipient can
2.11 eventually return to the community. The recipient's home and community-based services
2.12 may be suspended. When the recipient is discharged from the hospital, institute of mental
2.13 disease, nursing care facility, intensive residential treatment services program, transition
2.14 care unit, or inpatient substance use disorder treatment, the amount of home and
2.15 community-based services for which they were previously eligible must be immediately
2.16 reinstated. The case manager or guardian may request a reassessment following the recipient's
2.17 discharge.