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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4203

02/22/2024 Authored by Pryor, Baker, Norris, Perryman, Fischer and others
The bill was read for the first time and referred to the Committee on Human Services Policy
03/07/2024 Adoption of Report: Re-referred to the Committee on Human Services Finance

1.1 A bill for an act
1.2 relating to human services; authorizing an informed choice and expedited service
1.3 authorization for technology systems demonstration partnership for people receiving
1.4 home and community-based services; amending Minnesota Statutes 2022, section
1.5 256B.4905, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2022, section 256B.4905, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 13. Informed choice and expedited service authorization for technology
1.10 systems demonstration partnership. (a) The commissioner shall authorize one or more
1.11 risk-based demonstration partnerships between a lead agency and an enrolled medical
1.12 assistance provider of technology systems for home and community-based waiver services
1.13 recipients. The goal of the demonstration partnership is to serve at least 500 people enrolled
1.14 in a medical assistance waiver under section 256B.0913, 256B.092, 256B.093, or 256B.49,
1.15 or chapter 256S, to evaluate the benefits of informed choice and expedited service
1.16 authorizations for existing waiver benefits related to technology systems, including but not
1.17 limited to:

- 1.18 (1) environmental accessibility adaptations;
1.19 (2) specialized supplies and equipment; and
1.20 (3) client and caregiver training in the home.

1.21 (b) As a condition of participation, each lead agency shall identify and prioritize eligible
1.22 individuals who desire to participate in the demonstration partnership authorized by this
1.23 subdivision, using eligibility criteria that may include:

- 2.1 (1) significant clinical acuity due to one or more chronic medical conditions;
 2.2 (2) multiple emergency room visits or inpatient admissions during the prior 365 days;
 2.3 (3) a behavioral or complex chronic condition diagnosis;
 2.4 (4) challenges in finding nonemergency medical transportation in the individual's region;
 2.5 or
 2.6 (5) an inability to find available primary care providers.

2.7 (c) As a condition of participation, a lead agency shall provide expedited review and
 2.8 approval for service authorizations, provide evidence-based cost data and quality analysis
 2.9 to the commissioner, and collect stakeholder feedback on the use of technology systems
 2.10 from home and community-based waiver services recipients, family caregivers, and any
 2.11 other interested partners.

2.12 **Sec. 2. TECHNOLOGY SYSTEMS DEMONSTRATION; IMPLEMENTATION**
 2.13 **TIMELINES, STAKEHOLDER INPUT, AND OUTCOMES REPORTING.**

2.14 (a) By October 1, 2024, the commissioner of human services shall approve one or more
 2.15 risk-based demonstration partnerships described in Minnesota Statutes, section 256B.4905,
 2.16 subdivision 13, for services beginning January 1, 2025, for medical assistance home and
 2.17 community-based waiver services recipients in at least five counties.

2.18 (b) The commissioner may use the existing waiver gaps analysis, as described in
 2.19 Minnesota Statutes, section 144A.351, to conduct ongoing stakeholder input and feedback
 2.20 on the potential for using technology to meet identified service gaps.

2.21 (c) The commissioner may report back to the legislative committees with jurisdiction
 2.22 over human services policy and finance on the evaluation, outcomes, and results of
 2.23 demonstrations established under Minnesota Statutes, section 256B.4905, subdivision 13,
 2.24 including recommendations regarding the impacts, costs, and benefits of expanding the
 2.25 demonstration to a larger proportion of Medicaid home and community-based waiver services
 2.26 recipients.