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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4949

03/14/2024 Authored by Fischer
The bill was read for the first time and referred to the Committee on Human Services Policy
03/25/2024 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; modifying long-term care consultation services;
1.3 amending Minnesota Statutes 2022, section 256B.0911, subdivisions 12, 17, 18,
1.4 20, 24, 25.

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

1.6 Section 1. Minnesota Statutes 2022, section 256B.0911, subdivision 12, is amended to
1.7 read:

1.8 Subd. 12. Exception to use of MnCHOICES assessment; contracted assessors. (a)
1.9 A lead agency that has not implemented MnCHOICES assessments and uses contracted
1.10 assessors as of January 1, 2022, is not subject to the requirements of subdivisions 11, clauses
1.11 (7) to (9); 13; 14, paragraphs (a) to (c); 16 to 21; 23; 24; and 29 to 31.

1.12 (b) This subdivision expires upon statewide implementation of MnCHOICES assessments.
1.13 The commissioner shall notify the revisor of statutes when statewide implementation has
1.14 occurred.

1.15 Sec. 2. Minnesota Statutes 2022, section 256B.0911, subdivision 17, is amended to read:

1.16 Subd. 17. MnCHOICES assessments. (a) A person requesting long-term care
1.17 consultation services must be visited by a long-term care consultation team within 20
1.18 calendar working days after the date on which an assessment was requested or recommended.
1.19 Assessments must be conducted according to this subdivision and subdivisions 19 to 21,
1.20 23, 24, and 29 to 31.

1.21 (b) Lead agencies shall use certified assessors to conduct the assessment.

2.1 (c) For a person with complex health care needs, a public health or registered nurse from
2.2 the team must be consulted.

2.3 (d) The lead agency must use the MnCHOICES assessment provided by the commissioner
2.4 to complete a comprehensive, conversation-based, person-centered assessment. The
2.5 assessment must include the health, psychological, functional, environmental, and social
2.6 needs of the individual necessary to develop a person-centered assessment summary that
2.7 meets the individual's needs and preferences.

2.8 (e) Except as provided in subdivision 24, an assessment must be conducted by a certified
2.9 assessor in an in-person conversational interview with the person being assessed.

2.10 Sec. 3. Minnesota Statutes 2022, section 256B.0911, subdivision 18, is amended to read:

2.11 Subd. 18. **Exception to use of MnCHOICES assessments; long-term care consultation**
2.12 **team visit; notice.** ~~(a) Until statewide implementation of MnCHOICES assessments, The~~
2.13 ~~requirement under subdivision 17, paragraph (a), does not apply to an assessment of a person~~
2.14 ~~requesting personal care assistance services or community first services and supports. The~~
2.15 ~~commissioner shall provide at least a 90-day notice to lead agencies prior to the effective~~
2.16 ~~date of statewide implementation.~~

2.17 ~~(b) This subdivision expires upon statewide implementation of MnCHOICES assessments.~~
2.18 ~~The commissioner shall notify the revisor of statutes when statewide implementation has~~
2.19 ~~occurred.~~

2.20 Sec. 4. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

2.21 Subd. 20. **MnCHOICES assessments; duration of validity.** ~~(a)~~ An assessment that is
2.22 completed as part of an eligibility determination for multiple programs for the alternative
2.23 care, elderly waiver, developmental disabilities, community access for disability inclusion,
2.24 community alternative care, and brain injury waiver programs under chapter 256S and
2.25 sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no
2.26 more than ~~60~~ 365 calendar days after the date of the assessment.

2.27 ~~(b) The effective eligibility start date for programs in paragraph (a) can never be prior~~
2.28 ~~to the date of assessment. If an assessment was completed more than 60 days before the~~
2.29 ~~effective waiver or alternative care program eligibility start date, assessment and support~~
2.30 ~~plan information must be updated and documented in the department's Medicaid Management~~
2.31 ~~Information System (MMIS). Notwithstanding retroactive medical assistance coverage of~~

3.1 ~~state plan services, the effective date of eligibility for programs included in paragraph (a)~~
3.2 ~~cannot be prior to the completion date of the most recent updated assessment.~~

3.3 ~~(e) If an eligibility update is completed within 90 days of the previous assessment and~~
3.4 ~~documented in the department's Medicaid Management Information System (MMIS), the~~
3.5 ~~effective date of eligibility for programs included in paragraph (a) is the date of the previous~~
3.6 ~~in-person assessment when all other eligibility requirements are met.~~

3.7 Sec. 5. Minnesota Statutes 2022, section 256B.0911, subdivision 24, is amended to read:

3.8 Subd. 24. **Remote reassessments.** (a) Assessments performed according to subdivisions
3.9 17 to 20 and 23 must be in person unless the assessment is a reassessment meeting the
3.10 requirements of this subdivision. Remote reassessments conducted by interactive video or
3.11 telephone may substitute for in-person reassessments.

3.12 ~~(b) For services provided by the developmental disabilities waiver under section~~
3.13 ~~256B.092, and the community access for disability inclusion, community alternative care,~~
3.14 ~~and brain injury waiver programs under section 256B.49, remote reassessments may be~~
3.15 ~~substituted for two consecutive reassessments if followed by an in-person reassessment.~~

3.16 ~~(e) For services provided by alternative care under section 256B.0913, essential~~
3.17 ~~community supports under section 256B.0922, and the elderly waiver under chapter 256S,~~
3.18 ~~remote reassessments may be substituted for one reassessment if followed by an in-person~~
3.19 ~~reassessment.~~

3.20 ~~(d)~~ (b) A remote reassessment is permitted only if the lead agency provides informed
3.21 choice and the person being reassessed or the person's legal representative provides informed
3.22 consent for a remote assessment. Lead agencies must document that informed choice was
3.23 offered.

3.24 ~~(e)~~ (c) The person being reassessed, or the person's legal representative, may refuse a
3.25 remote reassessment at any time.

3.26 ~~(f)~~ (d) During a remote reassessment, if the certified assessor determines an in-person
3.27 reassessment is necessary in order to complete the assessment, the lead agency shall schedule
3.28 an in-person reassessment.

3.29 ~~(g)~~ (e) All other requirements of an in-person reassessment apply to a remote
3.30 reassessment, including updates to a person's support plan.

4.1 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
4.2 whichever occurs later. The commissioner of human services shall notify the revisor of
4.3 statutes when federal approval is obtained.

4.4 Sec. 6. Minnesota Statutes 2022, section 256B.0911, subdivision 25, is amended to read:

4.5 Subd. 25. **Reassessments for Rule 185 case management and waiver services.** (a)
4.6 Unless otherwise required by federal law, the county agency is not required to conduct or
4.7 arrange for an annual needs reassessment by a certified assessor for people receiving Rule
4.8 185 case management under Minnesota Rules, part 9525.0016. The case manager who
4.9 works on behalf of the person to identify the person's needs and to minimize the impact of
4.10 the disability on the person's life must instead develop a person-centered service plan based
4.11 on the person's assessed needs and preferences. The person-centered service plan must be
4.12 reviewed annually for persons with developmental disabilities who are receiving only case
4.13 management services under Minnesota Rules, part 9525.0016, and who make an informed
4.14 choice to decline an assessment under this section.

4.15 (b) Unless otherwise required by federal law, the county agency is not required to conduct
4.16 or arrange for an annual needs reassessment by a certified assessor for people with no
4.17 significant changes in function or needs who are receiving the following services:

4.18 (1) alternative care services under section 256B.0913;

4.19 (2) developmental disability waiver services under section 256B.092;

4.20 (3) essential community supports under section 256B.0922;

4.21 (4) community access for disability inclusion, community alternative care, and brain
4.22 injury waiver services under section 256B.49; and

4.23 (5) elderly waiver services under chapter 256S.

4.24 (c) The county agency shall conduct or arrange for a needs reassessment for persons
4.25 described in paragraph (b) once every three years. The person or the person's legal
4.26 representative may request a needs reassessment at any time. The county agency must
4.27 annually review the person-centered services plan and reauthorize services. A person or the
4.28 person's legal representative must make an informed choice to decline an annual needs
4.29 reassessment under this section.

4.30 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
4.31 whichever occurs later. The commissioner of human services shall notify the revisor of
4.32 statutes when federal approval is obtained.