

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 1113

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DATE	D-PG	OFFICIAL STATUS
03/07/2013	676	Introduction and first reading Referred to Health, Human Services and Housing

1.1 A bill for an act
 1.2 relating to human services; modifying nursing facility level of care to prevent
 1.3 seniors currently enrolled in the elderly waiver program from losing coverage;
 1.4 amending Minnesota Statutes 2012, section 144.0724, subdivision 11.

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

1.6 Section 1. Minnesota Statutes 2012, section 144.0724, subdivision 11, is amended to
 1.7 read:

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

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

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

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

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

1.19 (5) the person has had a qualifying nursing facility stay of at least 90 days or has
 1.20 been enrolled in the elderly waiver program under section 256B.0915 for at least 90 days;

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

1.23 (7) the person is determined to be at risk for nursing facility admission or
 1.24 readmission through a face-to-face long-term care consultation assessment as specified

2.1 in section 256B.0911, subdivision 3a, 3b, or 4d, by a county, tribe, or managed care
2.2 organization under contract with the Department of Human Services. The person is
2.3 considered at risk under this clause if the person currently lives alone or will live alone
2.4 upon discharge and also meets one of the following criteria:

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

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

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

2.10 (b) The assessment used to establish medical assistance payment for nursing facility
2.11 services must be the most recent assessment performed under subdivision 4, paragraph
2.12 (b), that occurred no more than 90 calendar days before the effective date of medical
2.13 assistance eligibility for payment of long-term care services. In no case shall medical
2.14 assistance payment for long-term care services occur prior to the date of the determination
2.15 of nursing facility level of care.

2.16 (c) The assessment used to establish medical assistance payment for long-term care
2.17 services provided under sections 256B.0915 and 256B.49 and alternative care payment
2.18 for services provided under section 256B.0913 must be the most recent face-to-face
2.19 assessment performed under section 256B.0911, subdivision 3a, 3b, or 4d, that occurred
2.20 no more than 60 calendar days before the effective date of medical assistance eligibility
2.21 for payment of long-term care services.

2.22 **EFFECTIVE DATE.** This section is effective January 1, 2014.