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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1260

02/15/2017 Authored by Cornish, Considine and Johnson, C., The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to human services; expanding medical assistance coverage to
1.3 community-based service coordination in jails; amending Minnesota Statutes 2016,
1.4 section 256B.0625, subdivision 56.

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

1.6 Section 1. Minnesota Statutes 2016, section 256B.0625, subdivision 56, is amended to
1.7 read:

1.8 Subd. 56. Medical service coordination. (a)(1) Medical assistance covers in-reach
1.9 community-based service coordination that is performed through a hospital emergency
1.10 department as an eligible procedure under a state health care program for a frequent user.
1.11 A frequent user is defined as an individual who has frequented the hospital emergency
1.12 department for services three or more times in the previous four consecutive months. In-reach
1.13 community-based service coordination includes navigating services to address a client's
1.14 mental health, chemical health, social, economic, and housing needs, or any other activity
1.15 targeted at reducing the incidence of emergency room and other nonmedically necessary
1.16 health care utilization.

1.17 (2) Medical assistance covers in-reach community-based service coordination that is
1.18 performed through a hospital emergency department or inpatient psychiatric unit for a child
1.19 or young adult up to age 21 with a serious emotional disturbance who has frequented the
1.20 hospital emergency room two or more times in the previous consecutive three months or
1.21 been admitted to an inpatient psychiatric unit two or more times in the previous consecutive
1.22 four months, or is being discharged to a shelter.

2.1 (3) Medical assistance covers in-reach community-based service coordination that is  
2.2 performed at a jail for purposes of diverting a person from being incarcerated. Jail in-reach  
2.3 community-based service coordination includes navigating services to address a client's  
2.4 mental health, chemical health, social, economic, and housing needs, or any other activity  
2.5 targeted at reducing the incidence of jail utilization.

2.6 (b) Reimbursement must be made in 15-minute increments and allowed for up to 60  
2.7 days ~~posthospital discharge~~ postdischarge based upon the specific identified emergency  
2.8 department visit ~~or~~ inpatient admitting event, or postarrest prior to incarceration. In-reach  
2.9 community-based service coordination shall seek to connect frequent users and all users  
2.10 under paragraph (a), clause (3), with existing covered services available to them, including,  
2.11 but not limited to, targeted case management, waiver case management, or care coordination  
2.12 in a health care home. For children and young adults with a serious emotional disturbance,  
2.13 in-reach community-based service coordination includes navigating and arranging for  
2.14 community-based services prior to discharge to address a client's mental health, chemical  
2.15 health, social, educational, family support and housing needs, or any other activity targeted  
2.16 at reducing multiple incidents of emergency room use, inpatient readmissions, ~~and~~ other  
2.17 nonmedically necessary health care utilization, and jail incarceration. In-reach services shall  
2.18 seek to connect them with existing covered services, including targeted case management,  
2.19 waiver case management, care coordination in a health care home, children's therapeutic  
2.20 services and supports, crisis services, and respite care. Eligible in-reach service coordinators  
2.21 must hold a minimum of a bachelor's degree in social work, public health, corrections, or  
2.22 a related field. The commissioner shall submit any necessary application for waivers to the  
2.23 Centers for Medicare and Medicaid Services to implement this subdivision.

2.24 (c)(1) For the purposes of this subdivision, "in-reach community-based service  
2.25 coordination" means the practice of a community-based worker with training, knowledge,  
2.26 skills, and ability to access a continuum of services, including housing, transportation,  
2.27 chemical and mental health treatment, employment, education, and peer support services,  
2.28 by working with an organization's staff to transition an individual back into the individual's  
2.29 living environment. In-reach community-based service coordination includes working with  
2.30 the individual during their discharge or postarrest prior to incarceration and for up to a  
2.31 defined amount of time in the individual's living environment, reducing the individual's  
2.32 need for readmittance, or reincarceration.

2.33 (2) Hospitals utilizing in-reach service coordinators shall report annually to the  
2.34 commissioner on the number of adults, children, and adolescents served; the postdischarge  
2.35 services which they accessed; and emergency department/psychiatric hospitalization

3.1 readmissions. The commissioner shall ensure that services and payments provided under  
3.2 in-reach care coordination do not duplicate services or payments provided under ~~section~~  
3.3 sections 256B.0753, and 256B.0755, or 256B.0625, subdivision 20.

3.4 (3) Providers of in-reach service coordination in jails shall annually report to the  
3.5 commissioner on the number of individuals served, and number of the community-based  
3.6 services that were accessed under the individual diversion plan and subsequent to jail  
3.7 incarceration. The commissioner shall ensure that services and payments provided under  
3.8 in-reach care coordination do not duplicate services or payments provided under sections  
3.9 256B.0753 and 256B.0755.