

Bill Summary Comparison of Health and Human Services

Senate File UEH2749-1
Article 24: Continuing Care

House File H3467-3
Article 1: Continuing Care

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Article 24: Continuing Care		Article 1: Continuing Care
	<p>House only section</p> <p>Identical to SF 2325 – Recommended to pass and referred to the floor on 5/4/2016</p>	<p>Art. 1, § 2. Exceptions for replacement beds after June 30, 2003. Amends § 144A.071, subd. 4c. Moves payment rate adjustments for certain exception projects approved by the commissioner of health from the property rate to the external fixed costs rate. Modifies a project in Goodhue County to consolidate two nursing facilities into one newly renovated 64-bed facility resulting in the delicensure of 85 beds (the current language results in the delicensure of 69 beds). Modifies the calculation of the rate adjustment for the project in Goodhue County.</p> <p>Makes this section effective for rate years beginning on or after January 1, 2017, except that the transfer of the rate adjustment for the Goodhue County project from the property rate to the external fixed costs rate is effective for rate years beginning on or after January 1, 2017, or upon completion of the closure and new construction, whichever is later.</p>
	<p>House only section</p> <p>Identical to SF 2325 – Recommended to pass and referred to the floor on 5/4/2016</p>	<p>Art. 1, § 3. Consolidation of nursing facilities. Amends § 144A.071, subd. 4d. Modifies rate adjustments for consolidation of nursing facilities by moving the adjustment from the property rate to the external fixed costs rate. Makes this section effective for rate years beginning on or after January 1, 2017.</p>
	<p>House only section</p>	<p>Art. 1, § 4. Moratorium exception funding. Amends § 144A.073, subd. 13. Clarifies that the commissioner of health may approve moratorium exception projects, in fiscal year 2013, for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.</p>

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	House only section	Art. 1, § 5. Moratorium exception funding. Amends § 144A.073, subd. 14. Clarifies that the commissioner of health may approve moratorium exception projects, in fiscal year 2015, for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.
	House only section	Art. 1, § 6. Moratorium exception funding. Amends § 144A.073, by adding subd. 15. In fiscal year 2017, allows the commissioner of health to approve moratorium exception projects for which the full annualized state share of MA costs does not exceed \$1,000,000 plus any carryover of previous appropriations for this purpose.
	House only section	Art. 1, § 7. Nursing homes and certified boarding care homes. Amends § 144A.611, subd. 1. Modifies reimbursable expenses payable to nursing assistants by: (1) adding textbooks to the list of reimbursable expenses; and (2) allowing adult training programs to be reimbursed. Updates a cross-reference.
	House only section	Art. 1, § 8. Reimbursement for training program and competency evaluation costs. Amends § 144A.611, subd. 2. Makes a conforming change.
	House only section	Art. 1, § 9. Reimbursement for adult basic education components. Amends § 144A.611, by adding subd. 4. Paragraph (a) requires nursing homes and certified boarding care homes to provide reimbursement for costs related to additional adult basic education components of an approved nursing assistant training program. Paragraph (b) lists the adult basic education components eligible for reimbursement and limits reimbursement of those

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		<p>components to 30 percent of the cost of tuition, textbooks, and competency evaluation.</p> <p>Paragraph (c) prohibits an adult training program from billing program students, nursing facilities, or certified boarding care homes until the program student has been employed by the nursing facility as a certified nursing assistant for at least 90 days.</p> <p>Effective date. Makes this section effective for costs incurred on or after October 1, 2016.</p>
<p>Section 1 (245A.10, subd. 4) paragraph (b), clause (5) extends by another year the grandfathered licensing fee structure for providers previously licensed under chapter 245B. Paragraph (m) modifies the licensing fees for providers of those home and community based services that require licensure under 245D. The new annual fee is the higher of \$450 or 0.27 percent of the provider’s revenue derived from the section of 245D licensed services. The commissioner must calculate a provider's fee based on paid claims invoiced by that provider. Paragraph (m) is effective for fees paid after July 1, 2017.</p>	<p>Senate only section</p>	
<p>Section 2 (245A.10, subd. 8) moves revenue collected from DHS licensing activities from the state government special revenue fund to a special revenue fund. The sources of the revenue include various application fees, as well as various licensing fees, including those from childcare center, chemical dependency treatment programs, residential facilities, foster care providers, adoption services providers, adult day care centers, 245D licensed services, and certain mental health centers and clinics. This section is effective July 1, 2017.</p>	<p>Senate only section</p>	

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<p>Section 3 (245D.03, subd. 1) requires providers of individual community living support to be licensed under the home and community based services standards under 245D. This section is effective July 1, 2017.</p>	Senate only section	
<p>Section 4 (256B.0949) adds new language concerning an existing benefit for the treatment of children with autism spectrum disorders and related conditions.</p>	Senate only section	
<p>Subd. 1 changes the name of the existing autism early intensive intervention benefit to the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit and includes language specifying that the benefit is also available for the treatment of conditions related to autism spectrum disorders (ASD).</p>		
<p>Subd. 2 includes several new definitions, including definitions of “agency,” “ASD and related conditions,” “clinical supervision,” “comprehensive multidisciplinary evaluation,” “individual treatment plan,” “legal representative,” “person-centered,” and definitions by cross-reference for various EIDBI professionals and providers.</p>		
<p>Subd. 3 modifies the eligibility criteria for the EIDBI benefit to allow children with diagnoses of a condition related to an autism spectrum disorder to be eligible.</p>		
<p>Subd. 3a requires providers to ensure that children and their families receive EIDBI services in a culturally and linguistically appropriate manner.</p>		
<p>Subd. 4 specifies the conditions a diagnosis of ASD or a related condition must meet in order for a child to be eligible for the benefit; and specifies additional information that may be included in a diagnostic assessment.</p>		

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<p>Subd. 5 requires a comprehensive multidisciplinary evaluation (CMDE) of potential service recipients be completed to determine if EIDBI services are medically necessary; and specifies what must be included in the evaluation.</p>		
<p>Subd. 5a specifies the CMDE provider qualification requirements.</p>		
<p>Subd. 6 requires an EIDBI professional to develop and monitor a child’s individual treatment plan and specifies the required elements of an individual treatment plan.</p>		
<p>Subd. 6a specifies that EIDBI services may not replace services provided in a school or other settings and must be coordinated with services defined in a child’s individualized education plan or individualized family service plan; requires the commissioner to integrate medical authorization procedures for this benefit with authorization procedures for other services.</p>		
<p>Subd. 7 requires that a child’s progress toward achieving treatment goals be evaluated at least every six month and specifies who must supervise the evaluation and the required elements of the evaluation.</p>		
<p>Subd. 8 requires the commissioner to work with stakeholders to continue to refine the details of the EIDBI benefit and incorporates new language and terminology into the list of suggested issues the commissioner could consider.</p>		
<p>Subd. 9 specifies the requirements any treatment method must meet to be a recognized treatment option for the purposes of the EIDBI benefit.</p>		
<p>Subd. 10 is existing language.</p>		

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<p>Subd. 11 is existing language.</p>		
<p>Subd. 12 is existing language.</p>		
<p>Subd. 13 lists and describes the services covered by the EIDBI benefit.</p>		
<p>Subd. 14 lists the rights of children and of their families who receive the EIDBI benefit.</p>		
<p>Subd. 15 specifies the provider qualification requirements for each of the following EIBDI providers: level I treatment providers; level II treatment providers; level III treatment providers; and qualified supervising professionals.</p>		
<p>Subd. 16 lists and describes the duties and responsibilities of an agency.</p>		
<p>Subd. 17 lists and describes the agency qualification requirements, as well as additional duties and responsibilities of agencies</p>		
<p>Subd. 18 requires the commissioner to consult with stakeholders to determine if there exists a shortage of qualified providers of EIDBI services, and if so, to develop a process and criteria for granting exceptions to the provider qualification requirements, the medical assistance provider enrollment requirements, or other applicable requirements. The commissioner is required to provide annual updates to the legislature concerning the status of the shortage of qualified EIBDI providers and the use of the qualification exception process. The commissioner may not terminate the exemption authority without providing 30 days' notice for public comment.</p>		
	House only section	Art. 1, § 15. Employee scholarship costs and training in English as a second language. Amends § 256B.431, subd.

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		36. Updates a cross-reference to conform to the changes made to section 144A.611 (reimbursable expenses payable to nursing assistants).
	House only section Identical to SF 2325 – Recommended to pass and referred to the floor on 5/4/2016	Art. 1, § 16. External fixed costs. Amends § 256B.441, subd. 13. Adds consolidation rate adjustments to the definition of “external fixed costs.”
Section 5 (256B.442, subd. 30) corrects a drafting error in the nursing facility payment rate reform that passed in 2015. The total care-related per diem is defined elsewhere in the payment rate language as the sum of the direct care costs per diem and the other care-related per diem. The median total care-related per diem was inadvertently defined as including only the direct care component of the total care-related per diem.	Senate only section (S.F. 2430 passed off the Senate floor on 5/3/2016.) Technical amendment needed – effective date.	
	House only section Identical to SF 2325 – Recommended to pass and referred to the floor on 5/4/2016	Art. 1, § 17. Calculation of payment rate for external fixed costs. Amends § 256B.441, subd. 53. Adds consolidation rate adjustments to the calculation of the external fixed costs payment rate.
Section 6 (256B.441, subd. 66) adds nonprofit nursing homes in Moorhead to an already existing rate increase that applies to nonprofit nursing homes in Breckenridge. The Moorhead rate increase would be effective January 1, 2020.	Technical difference. (Staff recommends Senate.)	Art. 1, § 18. Nursing facilities in border cities. Amends § 256B.441, subd. 66. Modifies the section governing nursing facility operating rates in border cities. Under current law, the commissioner must increase operating payment rates for nonprofit nursing facilities in Breckenridge to be equal to the rates for a nonprofit nursing facility in an adjacent city in another state and in cities contiguous to the adjacent city. Expands this section to nonprofit facilities located in Moorhead, effective for the rate year beginning January 1, 2020. Specifies that the commissioner must compare the rates in Minnesota border cities with other cities on October 1 each

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		<p>year, with the rate adjustments to be effective on January 1 of the following year.</p> <p>Existing language stipulates that rate adjustments under this border city subdivision are not subject to the limits in 256B.441, subdivision 50 and subdivision 51. Clarifies that the rate adjustments under the border cities subdivision are not subject to the total care-related limit in subdivision 50 and are not limited to the other operating price in subdivision 51.</p>
<p>Section 7 (256B.4912, subd. 11) requires home and community based service providers to submit, and the commissioner of human services to analyze, wage and staffing data for certain HCBS services.</p>	<p>Senate only section</p>	
<p>Section 8 (256B.4913, subd. 4a) modifies the historical rate for day services by setting the rate equal to the weighted average historical rate for each provider in the county, rather than the historical rate of the provider.</p>	<p>Senate only section</p>	
<p>Section 9 (256B.4914, subd. 5) Paragraph (i) requires the commissioner to make recommendations by January 15, 2017, for incorporating into the disability waiver rate system framework the cost of increased licensing fees under section 245A.10, subdivision 4, paragraph (m).</p>	<p>Senate only section</p>	
<p>Section 10 (256B.4914, subd. 10) replaces “county” and “county and tribal” with “lead agency.”</p>	<p>Senate only section</p>	
<p>Section 11 (256B.4914, subd. 11) replaces “county” with “lead agency.”</p>	<p>Senate only section</p>	
<p>Section 12 (256B.4914, subd. 14) clarifies the circumstances under which an application for an exception to the rates set under the disability waiver rate setting system are allowed by permitting applications when an individual’s services needs cannot be met through the weighted county average historical rate.</p>	<p>Senate only section</p>	

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<p>Section 13 (256B.4914, subd. 15) replaces “county and tribal” and “county” with “lead agency.”</p>	Senate only section	
<p>Section 14 (Provider Rate Grant Increases Effective July 1, 2016) Paragraph (a) requires the commissioner of human services to increase by 2.72 percent the rate for certain home and community based services that are now subject to the U.S. Department of Labor’s Home Care Rule, which requires most home care workers to be paid for overtime and travel time.</p> <p>Paragraph (b) specifies the services to which the rate increase applies.</p> <p>Paragraph (c) requires managed-care plans and county-based purchasing plans to pass through the increase in capitation rates to the providers of the eligible services.</p> <p>Paragraph (d) requires lead agencies to increase each consumer-directed community supports recipient’s budget by 2.27 percent.</p> <p>Paragraph (e) requires the commissioner to include the increase in the rates under the disability waiver rate setting system.</p> <p>Paragraph (f) requires that providers use 90 percent of the additional revenue to increase compensation-related costs for employees other than central office employees or persons paid by the provider under a management contract.</p> <p>Paragraph (g) defines “compensation-related costs.”</p> <p>Paragraph (h) gives providers discretion to distribute the additional revenue across the eligible compensation-related costs.</p> <p>Paragraph (i) requires providers to obtain from an exclusive bargaining representative a letter of acceptance of a plan for distribution of 90 percent of the rate increase to members of the bargaining unit.</p>	Senate only section	

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<p>Paragraph (j) requires providers to develop and submit to the commissioner a plan for the distribution of 90 percent of the rate increase. The distribution plan must include the provider’s overtime policy, and the overtime policy must not limit overtime when a service recipient’s needs would go unmet without a worker exceeding 40 hours in a week.</p>		
<p>Paragraph (k) requires providers to post notice of its distribution plan in a manner accessible to employees and provide instructions for employees to contact the commissioner if they believe they have not received the compensation increases.</p>		
<p>Section 15 (Instruction to the Commissioner) requires the commissioner of human services to update the medical assistance state plan to be consistent with the statutory changes to the EIDBI benefit under section 256B.0494.</p>	Senate only section	
	House only section	<p>Art. 1, § 19. Employment services pilot project; Dakota County. Paragraph (a) directs the commissioner of human services to request, by October 1, 2016, necessary federal authority from CMS to implement a community-based employment services pilot project in Dakota County for people who are receiving services through HCBS waivers using a rate methodology consistent with the principles of the Disability Waiver Rate System.</p> <p>Paragraph (b) lists responsibilities of Dakota County under the pilot project.</p> <p>Paragraph (c) lists the services that must be provided under the pilot project.</p>

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		<p>Paragraph (d) requires the commissioner to consult with Dakota County on this pilot project and to report the results of the project to the legislature by January 15, 2019.</p> <p>Effective date. Makes this section effective July 1, 2016, or upon federal approval, whichever is later, and makes this section expire January 15, 2019.</p>
<p>Section 16 (Revisor’s Instruction) codifies the home and community-based incentive pool, which provides incentive payments to providers for innovations that achieve integrated competitive employment and living in integrated settings.</p>	<p>Senate only section</p>	
	<p>House only section</p>	<p>Art. 1, § 20. Revisor’s instruction. Instructs the revisor of statutes to change cross-references in Minnesota Rules, chapter 2960, 9503, and 9525, resulting from the repealer adopted in the new Positive Support Strategies rule. Allows the revisor to make technical and other necessary changes to preserve the meaning of the text.</p> <p>Effective date. Provides an immediate effective date.</p>