

HOUSE RESEARCH

Bill Summary

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Overview

This bill makes several changes to programs and services for persons with disabilities, including: allowing a transitional supports allowance; allowing for choice of county or private agency case management service coordination vendor; increasing the MA asset and spend-down standards for persons who are aged, blind, or disabled; eliminating the \$500 annual benefit limit for MA and GAMC dental services, and reducing MinnesotaCare dental coverage; increasing the personal needs allowance; providing rate increases for ICFs/MR and community-based long-term care providers; and establishing a disability services interagency work group.

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- 1** **Contribution amount.** Amends § 252.27, subd. 2a. Modifies the sliding scale for parental fees for services for children with mental retardation, reducing fees for parents with incomes within certain ranges.
- 2** **Incentive for wellness visits.** Amends § 256B.04, by adding subd. 20. Directs the commissioner of human services to develop an incentive program to encourage MA enrollees with disabilities to have wellness exams, and to implement the program beginning January 1, 2006.
- 3** **Asset limitations for the aged, blind, or disabled.** Amends § 256B.056, subd. 3. Increases the MA asset limit for persons who are aged, blind, or disabled to \$10,000 for households of one and \$18,000 for households of two or more. (This is the asset limit that applies to

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qualified Medicare beneficiaries and related groups. The asset limit under current law is \$3,000 for one and \$6,000 two, plus \$200 for each additional dependent.)

4 Excess income standard. Amends § 256B.056, subd. 5c. Increases the spend-down standard for persons who are aged, blind, or disabled from 75 percent to 100 percent of the federal poverty guidelines (FPG).

5 Employed persons with disabilities. Amends § 256B.057, subd. 9. Requires the commissioner, effective July 1, 2005, to reimburse MA enrollees who qualify as employed persons with disabilities (MA-EPD) for cost-effective Medicare Part B premiums, regardless of income. (Current law limits reimbursement to enrollees with incomes not exceeding 200 percent of FPG.) Also provides that inflation adjustments for Social Security benefits do not count as income for MA-EPD enrollees until July 1 of each year.

6 Availability of income for institutionalized persons. Amends § 256B.0575. Allows income to be allocated to an institutionalized person for up to six calendar months, in an amount equal to 100 percent of the federal poverty guidelines for a family of one if certain conditions are met, including:

- a physician certifies that the person is expected to reside in the long-term care facility for six calendar months or less.

Under current law, income may be allocated to an institutionalized person for up to three calendar months, in an amount equal to the medical assistance standard for a family of one if certain conditions are met.

7 Relocation targeted case management provider qualifications. Amends § 256B.0621, subd. 4. Requires the commissioner to ensure that each eligible person is given a choice of county and private agency relocation targeted case management service providers. Requires subcontracted providers to have a procedure in place that provides full disclosure to the recipient and the recipient's legal representative of any conflict of interest if the contracted targeted case management provider also provides the recipient's housing, services, or supports. Makes this section effective July 1, 2005, or, if a federal waiver is required, on the date the federal waiver is granted.

8 Eligible services. Amends § 256B.0621, subd. 6. Separates services eligible for MA reimbursement as targeted case management into two categories: service coordination and administrative activities. Specifies that targeted relocation case management administrative activities are the responsibility of the county or agency under contract. Lists the administrative activities.

9 Notice of relocation targeted case management availability. Amends § 256B.0621, by adding subd. 11. Requires the commissioner to provide notification, upon admission and annually thereafter, to MA-eligible persons who are residing in institutions of the availability of relocation targeted case management services.

10 Dental services. Amends § 256B.0625, subd. 9. Removes the \$500 annual benefit limit for MA adult dental services.

11 Transitional supports allowance. Amends § 256B.0916, by adding subd. 10. Requires a transitional supports allowance to be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. Defines transitional supports allowance. Lists covered costs. Makes this section effective upon federal approval and to the extent approved as a federal waiver amendment.

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- 12 Medical assistance for case management activities under the state plan Medicaid option.** Amends § 256B.092, subd. 2a. (b) Requires the commissioner to ensure that each eligible person is given a choice of county and private agency case management service coordination vendors.
- (c) Requires the commissioner to develop standards, notice requirements, and basic consumer rights so that full disclosure is provided in cases where a case manager is providing relocation services, housing, or other support services to the same individual.
- Makes this section effective July 1, 2005, or, if a federal waiver is required, on the date the federal waiver is granted.
- 13 Case management for persons receiving home and community-based services.** Amends § 256B.092, subd. 4b. (a) Allows persons authorized for and receiving home and community-based services to select from public and private vendors of case management. Strikes obsolete language.
- (b) Requires the commissioner to ensure that each eligible person is given a choice of county and private case management service coordination vendors.
- (c) Requires the commissioner, with consumer input, to develop standards, notice requirements, and basic consumer rights so that full disclosure is provided in cases in which a case manager may be providing relocation services, housing, or other support services to the same individual.
- Makes this section effective July 1, 2005, or, if a federal waiver is required, on the date the federal waiver is granted.
- 14 Personal needs allowance.** Amends § 256B.35, subd. 1. Increases the MA personal needs allowance to \$150 per month. (The current level, effective as of January 1, 2005, is \$76 per month and reflects inflation adjustments to the amount specified in statute.)
- 15 Case management service coordination and administrative activities.** Amends § 256B.49, subd. 13. (a) Requires each recipient of a home and community-based waiver to have a choice of public and private vendors of case management service coordination. Requires an assessment of the needs of the individual as changes occur, but at least annually. Current law requires assessments to take place within 20 working days of a recipient's request.
- (b) Specifies that case management administrative activities are the responsibility of the county or agency under contract. Lists case management administrative functions.
- Makes this section effective July 1, 2005, or, if a federal waiver is required, on the date the federal waiver is granted.
- 16 Services and supports.** Amends § 256B.49, subd. 16. Requires a transitional supports allowance to be available to all persons under a home and community-based waiver who are moving from a licensed setting to a community setting. Defines transitional supports allowance. Lists covered costs. Makes this section effective upon federal approval and to the extent approved as a federal waiver amendment.
- 17 ICF/MR rate increases beginning January 1, 2006, and January 1, 2007.** Amends §

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256B.5012, by adding subd. 6. Increases ICF/MR total operating payment rates by an unspecified percentage, for the rate years beginning January 1, 2006 and January 1, 2007. Requires at least two-thirds of each year's adjustment to be used for employee salaries, benefits, and associated costs. Requires facilities to report to the commissioner on how the additional funding is used.

18 Alternative integrated long-term care services; elderly and disabled persons. Amends § 256B.69, subd. 23. Requires the commissioner to seek federal approval to expand the Minnesota disability health options (MnDHO) program in stages, first to regional centers outside the metro area and then to all areas of the state.

19 Provider rate increases. Amends § 256B.765. Requires the commissioner to increase reimbursement rates for specified community-based long-term care providers by an unspecified percentage, for the fiscal years beginning July 1, 2005, and July 1, 2006. Requires at least two-thirds of each year's adjustment to be used for employee salaries, benefits, and associated costs. Requires each provider to report to the commissioner on how the additional funding is used. Also makes technical changes in codification.

20 General assistance medical care; services. Amends § 256D.03, subd. 4. Specifies that GAMC coverage of dental services is the same as under the MA program, and strikes a reference to the \$500 annual benefit limit (this is a conforming change to the provision eliminating the \$500 annual limit under MA). Also eliminates the 50 percent coinsurance requirement for GAMC restorative dental services.

21 Covered health services. Amends § 256L.03, subd. 1. Modifies cross-references, to conform to the changes made in MinnesotaCare dental coverage under section 256L.03, subdivision 3b.

22 Dental services effective July 1, 2005. Amends § 256L.03, by adding subd. 3b. Eliminates MinnesotaCare coverage of dental services for adults without children, and for parents and other specified individuals with incomes greater than 75 percent of FPG. Removes the \$500 annual benefit limit for dental services provided to nonpregnant adults. (Under current law, adults without children, and parents and other specified individuals, have dental coverage, subject to a \$500 annual benefit limit.)

Establishes the following dental coverage under MinnesotaCare, effective July 1, 2005, to reflect the changes described above:

(1) Parents and other specified individuals with incomes not exceeding 75 percent of FPG receive dental coverage at the MA level, with no annual benefit limit, and no coverage for orthodontic services; and

(2) Pregnant women and children under age 21 receive dental coverage at the MA level, with no annual benefit limit.

23 Co-payments and coinsurance. Amends § 256L.03, subd. 5. Provides that parents and other specified individuals with incomes not exceeding 75 percent of FPG are subject to 50 percent coinsurance for adult dental services other than preventive services. (This does not change current law for these groups; this section modifies cross-references in current law to reflect the elimination of dental coverage for adults without children, and for parents and other specified individuals with incomes greater than 75 percent of FPG.)

24 Federal approval. Requires the commissioner, by August 1, 2005, to request any federal approval and plan amendments necessary to implement the transitional supports allowance

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and the choice of case management service coordination provisions.

25 **Dental access for persons with disabilities.** Requires the commissioner of human services to study access to dental services for persons with disabilities and present recommendations for improving access to the legislature by January 15, 2006.

26 **Disabilities services interagency work group.** Requires the Department of Human Services, the Minnesota Housing Finance Agency, and the Minnesota State Council on Disability to convene an interagency work group to make recommendations on specified topics relating to persons with disabilities who are attempting to relocate from or avoid placement in institutional settings. Requires the group to report to each participating state agency and the chairs of legislative health and human services policy and finance committees by October 15, 2006.