HOUSE RESEARCH =

Bill Summary

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Overview

This bill requires data-sharing between the commissioners of education and human services and modifies managed care contracts to provide for early screening, diagnosis, and treatment of young children with ASD and other developmental conditions.

Section

- 1 Commissioner must annually report certain prepaid medical assistance plan data. Amends § 256.01, by adding subd. 35. Allows the commissioner of education to share certain data with the commissioner of human services to allow the commissioner of human services to annually report summary data, by health plan, related to children referred by school staff for developmental assessments. Requires the commissioner of human services to post the summary data on the DHS Web site by September 30 of each year. Requires the commissioner to use this data to improve managed care plan performance in early screening, diagnosis, and treatment for children under age three who are enrolled in the prepaid medical assistance program (PMAP). Requires the commissioners of human services and education to enter into a data-sharing agreement before sharing data.
- 2 Managed care contracts. Amends § 256B.69, subd. 5a. Modifies MA managed care contracts by requiring the commissioner to withhold two percent of managed care plan payments and county-based purchasing plan payments under PMAP. Specifies the process for returning withheld funds. Requires the commissioner to design performance targets related to early screening, referrals, and treatment of children with ASD. Requires the commissioner to structure the withhold so that a portion of the withheld funds is returned in amounts commensurate with the degree of performance targets met.

Section

- **3 Reporting.** Amends § 256B.69, subd. 9. Requires each health plan and county-based purchasing plan under PMAP to provide data required for the initiative to improve early screening, diagnosis, and treatment of young children with ASD and other developmental conditions.
- 4 Initiatives to improve early screening, diagnosis, and treatment of young children with ASD and other developmental conditions. Amends § 256B.69, by adding subd. 32a. Requires managed care plans and county-based purchasing plans, as a condition of contract under PMAP, to implement strategies to assure that young children have periodic developmental screenings and that those who do not meet developmental milestones are provided a full assessment, including treatment recommendations, with the goal of meeting developmental milestones by age five. Specifies data the plans must report to the commissioner. Requires the plans to provide to the commissioner information on barriers to providing screening, diagnosis, and treatment of young children.