

1.1 moves to amend H.F. No. 1295 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2012, section 144.0724, subdivision 11, is amended to
1.4 read:

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

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

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

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

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

1.16 (5) the person has had a qualifying nursing facility stay of at least 90 days;

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

1.19 (7) the person is determined to be at risk for nursing facility admission or
1.20 readmission through a face-to-face long-term care consultation assessment as specified
1.21 in section 256B.0911, subdivision 3a, 3b, or 4d, by a county, tribe, or managed care
1.22 organization under contract with the Department of Human Services. The person is
1.23 considered at risk under this clause if the person currently lives alone or will live alone
1.24 upon discharge and also meets one of the following criteria:

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

2.1 (ii) the person has been determined to be at risk of maltreatment or neglect, including
2.2 self-neglect that includes a loss of housing and the person has no suitable place to move
2.3 within 30 days; or

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

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

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

2.18 **EFFECTIVE DATE.** This section is effective January 1, 2015.

2.19 Sec. 2. Minnesota Statutes 2013 Supplement, section 144.0724, subdivision 12,
2.20 is amended to read:

2.21 Subd. 12. **Appeal of nursing facility level of care determination.** A resident or
2.22 prospective resident whose level of care determination results in a denial of long-term
2.23 care services can appeal the determination as outlined in section 256B.0911, subdivision
2.24 3a, paragraph (h), clause (9). The commissioner shall assure that notice of changes in
2.25 eligibility due to a nursing facility level of care determination is provided to each affected
2.26 recipient at least 30 days before the effective date of the change. The notice shall include
2.27 the following information:

2.28 (1) how to obtain further information on the changes;

2.29 (2) how to receive assistance in obtaining other services;

2.30 (3) a list of community resources; and

2.31 (4) appeal rights. Notwithstanding section 256.045, a recipient may request
2.32 continued services pending appeal within the time period allowed to request an appeal.

2.33 **EFFECTIVE DATE.** This section is effective January 1, 2015.

3.1 Sec. 3. Minnesota Statutes 2013 Supplement, section 256B.0922, subdivision 2,
3.2 is amended to read:

3.3 Subd. 2. **Essential community supports for people in transition.** (a) Essential
3.4 community supports under subdivision 1 are also available to an individual who:

3.5 (1) is receiving nursing facility services or home and community-based long-term
3.6 services and supports under section 256B.0915 or 256B.49 on the effective date of
3.7 implementation of the revised nursing facility level of care under section 144.0724,
3.8 subdivision 11;

3.9 (2) meets one of the following criteria:

3.10 (i) due to the implementation of the revised nursing facility level of care, loses
3.11 eligibility for continuing medical assistance payment of nursing facility services at the
3.12 first reassessment under section 144.0724, subdivision 11, paragraph (b), that occurs on or
3.13 after the effective date of the revised nursing facility level of care criteria under section
3.14 144.0724, subdivision 11; or

3.15 (ii) due to the implementation of the revised nursing facility level of care, loses
3.16 eligibility for continuing medical assistance payment of home and community-based
3.17 long-term services and supports under section 256B.0915 or 256B.49 at the first
3.18 reassessment required under those sections that occurs on or after the effective date of
3.19 implementation of the revised nursing facility level of care under section 144.0724,
3.20 subdivision 11; and

3.21 ~~(3) is not eligible for personal care attendant services; and~~

3.22 ~~(4) has an assessed need for one or more of the supportive services offered under~~
3.23 ~~essential community supports under subdivision 1, paragraph (b), clause (6).~~

3.24 Individuals eligible under this paragraph includes individuals who continue to be
3.25 eligible for medical assistance state plan benefits and those who are not or are no longer
3.26 financially eligible for medical assistance.

3.27 (b) Notwithstanding subdivision 1, paragraph (b), for individuals eligible under
3.28 paragraph (a), the essential community supports available are not to exceed \$500 per
3.29 person per month. Additional onetime case management is available for participants under
3.30 paragraph (a), not to exceed \$600 per person to be used within one authorization period
3.31 not to exceed 12 months. This service is provided in addition to the essential community
3.32 supports benefit described under subdivision 1, paragraph (b).

3.33 **EFFECTIVE DATE.** This section is effective January 1, 2015."

3.34 Amend the title accordingly