

1.1 moves to amend H.F. No. 3104, the delete everything amendment
1.2 (A20-0745), as follows:

1.3 Page 22, after line 16, insert:

1.4 "Sec. Minnesota Statutes 2018, section 256B.0653, subdivision 4, is amended to read:

1.5 Subd. 4. **Skilled nurse visit services.** (a) Skilled nurse visit services must be provided
1.6 by a registered nurse or a licensed practical nurse under the supervision of a registered nurse,
1.7 according to the written plan of care and accepted standards of medical and nursing practice
1.8 according to chapter 148. Skilled nurse visit services must be ordered by a physician,
1.9 ~~advanced practice registered nurse practitioner, clinical nurse specialist, certified nurse~~
1.10 ~~midwife~~, or physician assistant and documented in a plan of care that is reviewed and
1.11 approved by the ordering ~~physician, advanced practice registered nurse, or physician assistant~~
1.12 ~~practitioner~~ at least once every 60 days. All skilled nurse visits must be medically necessary
1.13 and provided in the recipient's home residence or in the community where normal life
1.14 activities take the recipient, except as allowed under section 256B.0625, subdivision 6a.

1.15 (b) Skilled nurse visits include face-to-face and telehomecare visits with a limit of up
1.16 to two visits per day per recipient. All visits must be based on assessed needs.

1.17 (c) Telehomecare skilled nurse visits are allowed when the recipient's health status can
1.18 be accurately measured and assessed without a need for a face-to-face, hands-on encounter.
1.19 All telehomecare skilled nurse visits must have authorization and are paid at the same
1.20 allowable rates as face-to-face skilled nurse visits.

1.21 (d) The provision of telehomecare must be made via live, two-way interactive audiovisual
1.22 technology and may be augmented by utilizing store-and-forward technologies. Individually
1.23 identifiable patient data obtained through real-time or store-and-forward technology must
1.24 be maintained as health records according to sections 144.291 to 144.298. If the video is

2.1 used for research, training, or other purposes unrelated to the care of the patient, the identity
2.2 of the patient must be concealed.

2.3 (e) Authorization for skilled nurse visits must be completed under section 256B.0652.
2.4 A total of nine face-to-face skilled nurse visits per calendar year do not require authorization.
2.5 All telehomecare skilled nurse visits require authorization.

2.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.7 Sec. Minnesota Statutes 2018, section 256B.0653, subdivision 5, is amended to read:

2.8 Subd. 5. **Home care therapies.** (a) Home care therapies include the following: physical
2.9 therapy, occupational therapy, respiratory therapy, and speech and language pathology
2.10 therapy services.

2.11 (b) Home care therapies must be:

2.12 (1) provided in the recipient's residence or in the community where normal life activities
2.13 take the recipient after it has been determined the recipient is unable to access outpatient
2.14 therapy;

2.15 (2) prescribed, ordered, or referred by a physician, nurse practitioner, clinical nurse
2.16 specialist, certified nurse midwife, or physician assistant, and documented in a plan of care
2.17 and reviewed, according to Minnesota Rules, part 9505.0390;

2.18 (3) assessed by an appropriate therapist; and

2.19 (4) provided by a Medicare-certified home health agency enrolled as a Medicaid provider
2.20 agency.

2.21 (c) Restorative and specialized maintenance therapies must be provided according to
2.22 Minnesota Rules, part 9505.0390. Physical and occupational therapy assistants may be used
2.23 as allowed under Minnesota Rules, part 9505.0390, subpart 1, item B.

2.24 (d) For both physical and occupational therapies, the therapist and the therapist's assistant
2.25 may not both bill for services provided to a recipient on the same day.

2.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.27 Sec. Minnesota Statutes 2018, section 256B.0653, subdivision 7, is amended to read:

2.28 Subd. 7. **Face-to-face encounter.** (a) A face-to-face encounter by a qualifying provider
2.29 must be completed for all home health services regardless of the need for prior authorization,
2.30 except when providing a onetime perinatal visit by skilled nursing. The face-to-face encounter

3.1 may occur through telemedicine as defined in section 256B.0625, subdivision 3b. The
 3.2 encounter must be related to the primary reason the recipient requires home health services
 3.3 and must occur within the 90 days before or the 30 days after the start of services. The
 3.4 face-to-face encounter may be conducted by one of the following practitioners, licensed in
 3.5 Minnesota:

- 3.6 (1) a physician;
- 3.7 (2) a nurse practitioner or clinical nurse specialist;
- 3.8 (3) a certified nurse midwife; or
- 3.9 (4) a physician assistant.

3.10 (b) The allowed ~~nonphysician~~ practitioner, as described in this subdivision, performing
 3.11 the face-to-face encounter but who is not the ordering practitioner must communicate the
 3.12 clinical findings of that face-to-face encounter to the ordering ~~physician~~ practitioner. ~~These~~
 3.13 The clinical findings of that face-to-face encounter must be incorporated into a written or
 3.14 electronic document included in the recipient's medical record. To assure clinical correlation
 3.15 between the face-to-face encounter and the associated home health services, the ~~physician~~
 3.16 practitioner responsible for ordering the services must:

- 3.17 (1) document that the face-to-face encounter, which is related to the primary reason the
 3.18 recipient requires home health services, occurred within the required time period; and
- 3.19 (2) indicate the practitioner who conducted the encounter and the date of the encounter.

3.20 (c) For home health services requiring authorization, including prior authorization, home
 3.21 health agencies must retain the qualifying documentation of a face-to-face encounter as part
 3.22 of the recipient health service record, and submit the qualifying documentation to the
 3.23 commissioner or the commissioner's designee upon request.

3.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.25 Sec. Minnesota Statutes 2018, section 256B.0654, subdivision 1, is amended to read:

3.26 Subdivision 1. **Definitions.** (a) "Complex home care nursing" means home care nursing
 3.27 services provided to recipients who meet the criteria for regular home care nursing and
 3.28 require life-sustaining interventions to reduce the risk of long-term injury or death.

3.29 (b) "Home care nursing" means ongoing ~~physician-ordered~~ hourly nursing services
 3.30 ordered by a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife,
 3.31 or physician assistant, performed by a registered nurse or licensed practical nurse within

4.1 the scope of practice as defined by the Minnesota Nurse Practice Act under sections 148.171
4.2 to 148.285, in order to maintain or restore a person's health.

4.3 (c) "Home care nursing agency" means a medical assistance enrolled provider licensed
4.4 under chapter 144A to provide home care nursing services.

4.5 (d) "Regular home care nursing" means home care nursing provided because:

4.6 (1) the recipient requires more individual and continuous care than can be provided
4.7 during a skilled nurse visit; or

4.8 (2) the cares are outside of the scope of services that can be provided by a home health
4.9 aide or personal care assistant.

4.10 (e) "Shared home care nursing" means the provision of home care nursing services by
4.11 a home care nurse to two recipients at the same time and in the same setting.

4.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.13 Sec. Minnesota Statutes 2018, section 256B.0654, subdivision 2a, is amended to read:

4.14 Subd. 2a. **Home care nursing services.** (a) Home care nursing services must be used:

4.15 (1) in the recipient's home or outside the home when normal life activities require;

4.16 (2) when the recipient requires more individual and continuous care than can be provided
4.17 during a skilled nurse visit; and

4.18 (3) when the care required is outside of the scope of services that can be provided by a
4.19 home health aide or personal care assistant.

4.20 (b) Home care nursing services must be:

4.21 (1) assessed by a registered nurse on a form approved by the commissioner;

4.22 (2) ordered by a physician, nurse practitioner, clinical nurse specialist, certified nurse
4.23 midwife, or physician assistant, and documented in a plan of care that is reviewed by the
4.24 ~~physician~~ ordering practitioner at least once every 60 days; and

4.25 (3) authorized by the commissioner under section 256B.0652.

4.26 **EFFECTIVE DATE.** This section is effective the day following final enactment."

4.27 Renumber the sections in sequence and correct the internal references

4.28 Amend the title accordingly