This document discusses amendments to a statute regarding skilled nurse visit services. It introduces new criteria for the provision of these services, including the necessity for medical orders, the requirement for visits to be face-to-face or telehomecare, and the need for pre-assessment and follow-up to ensure medical necessity. The document highlights the importance of maintaining patient data as health records and the technological methods used in telehomecare visits. For a full understanding, please refer to the original text for clarity and context.
used for research, training, or other purposes unrelated to the care of the patient, the identity of the patient must be concealed.

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

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

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

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

(b) Home care therapies must be:

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

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

3. assessed by an appropriate therapist; and

4. provided by a Medicare-certified home health agency enrolled as a Medicaid provider agency.

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

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

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

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

Subd. 7. **Face-to-face encounter.** (a) A face-to-face encounter by a qualifying provider must be completed for all home health services regardless of the need for prior authorization, except when providing a onetime perinatal visit by skilled nursing. The face-to-face encounter
may occur through telemedicine as defined in section 256B.0625, subdivision 3b. The encounter must be related to the primary reason the recipient requires home health services and must occur within the 90 days before or the 30 days after the start of services. The face-to-face encounter may be conducted by one of the following practitioners, licensed in Minnesota:

1. a physician;
2. a nurse practitioner or clinical nurse specialist;
3. a certified nurse midwife; or
4. a physician assistant.

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

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

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

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

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

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

(b) "Home care nursing" means ongoing physician-ordered hourly nursing services ordered by a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant, performed by a registered nurse or licensed practical nurse within
the scope of practice as defined by the Minnesota Nurse Practice Act under sections 148.171 to 148.285, in order to maintain or restore a person's health.

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

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

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

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

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

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

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

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

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

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

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

(b) Home care nursing services must be:

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

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

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

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly