

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **4520**

1.1 A bill for an act

1.2 relating to human services; modifying long-term care consultation services;

1.3 modifying long-term care options counseling; modifying reimbursement for

1.4 long-term care consultation services; amending Minnesota Statutes 2018, sections

1.5 144.586, by adding a subdivision; 144D.04, subdivision 2; 144G.03, subdivision

1.6 4; 256.01, subdivision 24; 256.975, subdivisions 7, 7c, 7d, by adding subdivisions;

1.7 256B.055, subdivision 12; 256B.0575, subdivision 2; 256B.0911, subdivisions 1,

1.8 2b, 2c, 3, 3b, 4d, 6, by adding a subdivision; Minnesota Statutes 2019 Supplement,

1.9 sections 144G.50, subdivision 2; 144G.70, subdivision 2; 256B.0911, subdivisions

1.10 1a, 3a, 3f, 5; repealing Minnesota Statutes 2018, section 256B.0911, subdivisions

1.11 3c, 3d, 3e.

1.12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.13 Section 1. Minnesota Statutes 2018, section 144.586, is amended by adding a subdivision

1.14 to read:

1.15 Subd. 4. Referrals for long-term care options counseling. Hospitals shall refer all

1.16 individuals identified as at-risk individuals under section 256.975, subdivision 7, paragraph

1.17 (b), clause (12), to the Senior LinkAge Line for long-term care options counseling prior to

1.18 discharge from an inpatient hospital stay. Hospitals shall make these referrals using referral

1.19 protocols and processes developed under section 256.975, subdivision 7. The purpose of

1.20 the counseling is to support persons with current or anticipated long-term care needs in

1.21 making informed choices among options that include the most cost-effective and least

1.22 restrictive setting.

2.1 Sec. 2. Minnesota Statutes 2018, section 144D.04, subdivision 2, is amended to read:

2.2 Subd. 2. **Contents of contract.** A housing with services contract, which need not be
2.3 entitled as such to comply with this section, shall include at least the following elements in
2.4 itself or through supporting documents or attachments:

2.5 (1) the name, street address, and mailing address of the establishment;

2.6 (2) the name and mailing address of the owner or owners of the establishment and, if
2.7 the owner or owners is not a natural person, identification of the type of business entity of
2.8 the owner or owners;

2.9 (3) the name and mailing address of the managing agent, through management agreement
2.10 or lease agreement, of the establishment, if different from the owner or owners;

2.11 (4) the name and address of at least one natural person who is authorized to accept service
2.12 of process on behalf of the owner or owners and managing agent;

2.13 (5) a statement describing the registration and licensure status of the establishment and
2.14 any provider providing health-related or supportive services under an arrangement with the
2.15 establishment;

2.16 (6) the term of the contract;

2.17 (7) a description of the services to be provided to the resident in the base rate to be paid
2.18 by the resident, including a delineation of the portion of the base rate that constitutes rent
2.19 and a delineation of charges for each service included in the base rate;

2.20 (8) a description of any additional services, including home care services, available for
2.21 an additional fee from the establishment directly or through arrangements with the
2.22 establishment, and a schedule of fees charged for these services;

2.23 (9) a conspicuous notice informing the tenant of the policy concerning the conditions
2.24 under which and the process through which the contract may be modified, amended, or
2.25 terminated, including whether a move to a different room or sharing a room would be
2.26 required in the event that the tenant can no longer pay the current rent;

2.27 (10) a description of the establishment's complaint resolution process available to residents
2.28 including the toll-free complaint line for the Office of Ombudsman for Long-Term Care;

2.29 (11) the resident's designated representative, if any;

2.30 (12) the establishment's referral procedures if the contract is terminated;

3.1 (13) requirements of residency used by the establishment to determine who may reside
3.2 or continue to reside in the housing with services establishment;

3.3 (14) billing and payment procedures and requirements;

3.4 (15) a statement regarding the ability of a resident to receive services from service
3.5 providers with whom the establishment does not have an arrangement;

3.6 (16) a statement regarding the availability of public funds for payment for residence or
3.7 services in the establishment; and

3.8 (17) a statement regarding the availability of and contact information for long-term care
3.9 ~~consultation services under section 256B.0911 in the county in which the establishment is~~
3.10 ~~located~~ options counseling under sections 256.01, subdivision 24, and 256.975, subdivisions
3.11 7 to 7f.

3.12 Sec. 3. Minnesota Statutes 2018, section 144G.03, subdivision 4, is amended to read:

3.13 Subd. 4. **Nursing assessment.** (a) A housing with services establishment offering or
3.14 providing assisted living shall:

3.15 (1) offer to have the arranged home care provider conduct a nursing assessment by a
3.16 registered nurse of the physical and cognitive needs of the prospective resident and propose
3.17 a service plan prior to the date on which a prospective resident executes a contract with a
3.18 housing with services establishment or the date on which a prospective resident moves in,
3.19 whichever is earlier; and

3.20 (2) inform the prospective resident of the availability of and contact information for
3.21 long-term care ~~consultation services under section 256B.0911~~ options counseling under
3.22 sections 256.01, subdivision 24, and 256.975, subdivisions 7 to 7f, prior to the date on which
3.23 a prospective resident executes a contract with a housing with services establishment or the
3.24 date on which a prospective resident moves in, whichever is earlier.

3.25 (b) An arranged home care provider is not obligated to conduct a nursing assessment
3.26 by a registered nurse when requested by a prospective resident if either the geographic
3.27 distance between the prospective resident and the provider, or urgent or unexpected
3.28 circumstances, do not permit the assessment to be conducted prior to the date on which the
3.29 prospective resident executes a contract or moves in, whichever is earlier. When such
3.30 circumstances occur, the arranged home care provider shall offer to conduct a telephone
3.31 conference whenever reasonably possible.

4.1 (c) The arranged home care provider shall comply with applicable home care licensure
4.2 requirements in chapter 144A and sections 148.171 to 148.285, with respect to the provision
4.3 of a nursing assessment prior to the delivery of nursing services and the execution of a home
4.4 care service plan or service agreement.

4.5 Sec. 4. Minnesota Statutes 2019 Supplement, section 144G.50, subdivision 2, is amended
4.6 to read:

4.7 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
4.8 and manner on the contract the legal name and the license number of the facility.

4.9 (b) The contract must include the name, telephone number, and physical mailing address,
4.10 which may not be a public or private post office box, of:

4.11 (1) the facility and contracted service provider when applicable;

4.12 (2) the licensee of the facility;

4.13 (3) the managing agent of the facility, if applicable; and

4.14 (4) the authorized agent for the facility.

4.15 (c) The contract must include:

4.16 (1) a disclosure of the category of assisted living facility license held by the facility and,
4.17 if the facility is not an assisted living facility with dementia care, a disclosure that it does
4.18 not hold an assisted living facility with dementia care license;

4.19 (2) a description of all the terms and conditions of the contract, including a description
4.20 of and any limitations to the housing or assisted living services to be provided for the
4.21 contracted amount;

4.22 (3) a delineation of the cost and nature of any other services to be provided for an
4.23 additional fee;

4.24 (4) a delineation and description of any additional fees the resident may be required to
4.25 pay if the resident's condition changes during the term of the contract;

4.26 (5) a delineation of the grounds under which the resident may be discharged, evicted,
4.27 or transferred or have services terminated;

4.28 (6) billing and payment procedures and requirements; and

4.29 (7) disclosure of the facility's ability to provide specialized diets.

5.1 (d) The contract must include a description of the facility's complaint resolution process
5.2 available to residents, including the name and contact information of the person representing
5.3 the facility who is designated to handle and resolve complaints.

5.4 (e) The contract must include a clear and conspicuous notice of:

5.5 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;

5.6 (2) the facility's policy regarding transfer of residents within the facility, under what
5.7 circumstances a transfer may occur, and the circumstances under which resident consent is
5.8 required for a transfer;

5.9 (3) contact information for the Office of Ombudsman for Long-Term Care, the
5.10 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
5.11 Facility Complaints;

5.12 (4) the resident's right to obtain services from an unaffiliated service provider;

5.13 (5) a description of the facility's policies related to medical assistance waivers under
5.14 chapter 256S and section 256B.49 and the housing support program under chapter 256I,
5.15 including:

5.16 (i) whether the facility is enrolled with the commissioner of human services to provide
5.17 customized living services under medical assistance waivers;

5.18 (ii) whether the facility has an agreement to provide housing support under section
5.19 256I.04, subdivision 2, paragraph (b);

5.20 (iii) whether there is a limit on the number of people residing at the facility who can
5.21 receive customized living services or participate in the housing support program at any
5.22 point in time. If so, the limit must be provided;

5.23 (iv) whether the facility requires a resident to pay privately for a period of time prior to
5.24 accepting payment under medical assistance waivers or the housing support program, and
5.25 if so, the length of time that private payment is required;

5.26 (v) a statement that medical assistance waivers provide payment for services, but do not
5.27 cover the cost of rent;

5.28 (vi) a statement that residents may be eligible for assistance with rent through the housing
5.29 support program; and

5.30 (vii) a description of the rent requirements for people who are eligible for medical
5.31 assistance waivers but who are not eligible for assistance through the housing support
5.32 program;

6.1 (6) the contact information to obtain long-term care ~~consulting services under section~~
6.2 ~~256B.0911~~ options counseling under sections 256.01, subdivision 24, and 256.975,
6.3 subdivisions 7 to 7f; and

6.4 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.

6.5 (f) The contract must include a description of the facility's complaint resolution process
6.6 available to residents, including the name and contact information of the person representing
6.7 the facility who is designated to handle and resolve complaints.

6.8 **EFFECTIVE DATE.** This section is effective August 1, 2021.

6.9 Sec. 5. Minnesota Statutes 2019 Supplement, section 144G.70, subdivision 2, is amended
6.10 to read:

6.11 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
6.12 receiving any services shall not be required to undergo an initial nursing assessment.

6.13 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
6.14 of the physical and cognitive needs of the prospective resident and propose a temporary
6.15 service plan prior to the date on which a prospective resident executes a contract with a
6.16 facility or the date on which a prospective resident moves in, whichever is earlier. If
6.17 necessitated by either the geographic distance between the prospective resident and the
6.18 facility, or urgent or unexpected circumstances, the assessment may be conducted using
6.19 telecommunication methods based on practice standards that meet the resident's needs and
6.20 reflect person-centered planning and care delivery.

6.21 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
6.22 days after initiation of services. Ongoing resident reassessment and monitoring must be
6.23 conducted as needed based on changes in the needs of the resident and cannot exceed 90
6.24 calendar days from the last date of the assessment.

6.25 (d) For residents only receiving assisted living services specified in section 144G.08,
6.26 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
6.27 of the resident's needs and preferences. The initial review must be completed within 30
6.28 calendar days of the start of services. Resident monitoring and review must be conducted
6.29 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
6.30 from the date of the last review.

6.31 (e) A facility must inform the prospective resident of the availability of and contact
6.32 information for long-term care ~~consultation services under section 256B.0911~~ options
6.33 counseling under sections 256.01, subdivision 24, and 256.975, subdivisions 7 to 7f, prior

7.1 to the date on which a prospective resident executes a contract with a facility or the date on
 7.2 which a prospective resident moves in, whichever is earlier.

7.3 **EFFECTIVE DATE.** This section is effective August 1, 2021.

7.4 Sec. 6. Minnesota Statutes 2018, section 256.01, subdivision 24, is amended to read:

7.5 Subd. 24. **Disability Linkage Line.** The commissioner shall establish the Disability
 7.6 Linkage Line, which shall serve people with disabilities as the designated Aging and
 7.7 Disability Resource Center under United States Code, title 42, section 3001, the Older
 7.8 Americans Act Amendments of 2006, in partnership with the Senior LinkAge Line ~~and~~
 7.9 ~~shall~~ under section 256.975, subdivision 7; serve as Minnesota's neutral access point for
 7.10 statewide disability information and assistance; ~~and must~~ be available during business hours
 7.11 through a statewide toll-free number and the Internet. The Disability Linkage Line, in
 7.12 partnership with the Senior LinkAge Line, shall:

7.13 (1) deliver information and assistance based on national and state standards;

7.14 (2) provide information about state and federal eligibility requirements, benefits, and
 7.15 service options;

7.16 (3) provide ~~benefits and~~ long-term care options counseling under section 256.975,
 7.17 subdivisions 7 to 7f;

7.18 (4) make referrals to appropriate support entities;

7.19 (5) educate people on their options so they can make well-informed choices and link
 7.20 them to quality profiles;

7.21 (6) help support the timely resolution of service access and benefit issues;

7.22 (7) inform people of their long-term community services and supports;

7.23 (8) provide necessary resources and supports that can lead to employment and increased
 7.24 economic stability of people with disabilities; and

7.25 (9) serve as the technical assistance and help center for the web-based tool, Minnesota's
 7.26 Disability Benefits 101.org.

7.27 Sec. 7. Minnesota Statutes 2018, section 256.975, subdivision 7, is amended to read:

7.28 Subd. 7. **Consumer information and assistance and long-term care options**
 7.29 **counseling; Senior LinkAge Line.** (a) The Minnesota Board on Aging shall operate a
 7.30 statewide service to aid older Minnesotans and their families in making informed choices

8.1 about long-term care options and health care benefits. Language services to persons with
8.2 limited English language skills may be made available. The service, known as Senior
8.3 LinkAge Line, shall serve older adults as the designated Aging and Disability Resource
8.4 Center under United States Code, title 42, section 3001, the Older Americans Act
8.5 Amendments of 2006 in partnership with the Disability Linkage Line under section 256.01,
8.6 subdivision 24, and must be available during business hours through a statewide toll-free
8.7 number and the Internet. The Minnesota Board on Aging shall consult with, and when
8.8 appropriate work through, the area agencies on aging counties, and other entities that serve
8.9 aging and disabled populations of all ages, to provide and maintain the telephone
8.10 infrastructure and related support for the Aging and Disability Resource Center partners
8.11 which agree by memorandum to access the infrastructure, including the designated providers
8.12 of the Senior LinkAge Line and the Disability Linkage Line.

8.13 (b) The service, in partnership with the Disability Linkage Line, must provide long-term
8.14 care options counseling by assisting older adults, people with disabilities, caregivers, and
8.15 providers in accessing information and options counseling about choices in long-term care
8.16 services that are purchased through private providers or available through public options.
8.17 The service must:

8.18 (1) develop and provide for regular updating of a comprehensive database that includes
8.19 detailed listings in both consumer- and provider-oriented formats that can provide search
8.20 results down to the neighborhood level;

8.21 (2) make the database accessible on the Internet and through other telecommunication
8.22 and media-related tools;

8.23 (3) link callers to interactive long-term care screening tools and make these tools available
8.24 through the Internet by integrating the tools with the database;

8.25 (4) develop community education materials with a focus on planning for long-term care
8.26 and evaluating independent living, housing, employment, and service options;

8.27 (5) conduct an outreach campaign to assist older adults, people with disabilities, and
8.28 their caregivers in finding information on the Internet and through other means of
8.29 communication;

8.30 (6) implement a messaging system for overflow callers and respond to these callers by
8.31 the next business day;

9.1 (7) link callers with county human services and other providers to receive more in-depth
9.2 assistance and ~~consultation related to long-term care options~~ long-term care consultation
9.3 services;

9.4 (8) link callers with quality profiles for nursing facilities and other home and
9.5 community-based services providers developed by the commissioners of health and human
9.6 services;

9.7 (9) develop an outreach plan to ~~seniors~~ older adults, people with disabilities, and their
9.8 caregivers with a particular focus on establishing a clear presence in places that ~~seniors~~
9.9 older adults and people with disabilities recognize and:

9.10 (i) place a significant emphasis on improved outreach and service to ~~seniors~~ older adults,
9.11 people with disabilities, and their caregivers by establishing annual plans by neighborhood,
9.12 city, and county, as necessary, to address the unique needs of geographic areas in the state
9.13 where there are dense populations of ~~seniors~~ older adults or people with disabilities;

9.14 (ii) establish an efficient workforce management approach and assign community living
9.15 specialist staff and volunteers to geographic areas as well as aging and disability resource
9.16 center sites so that ~~seniors~~ older adults, people with disabilities, and their caregivers and
9.17 professionals recognize the Senior LinkAge Line as the place to call for aging services and
9.18 information and the Disability Linkage Line as the place to call for disabilities services and
9.19 information;

9.20 (iii) recognize the size and complexity of the metropolitan area service system by working
9.21 with metropolitan counties to establish a clear partnership with them, including seeking
9.22 county advice on the establishment of local aging and disabilities resource center sites; and

9.23 (iv) maintain dashboards with metrics that demonstrate how the service is expanding
9.24 and extending or enhancing its outreach efforts in dispersed or hard to reach locations in
9.25 varied population centers;

9.26 (10) incorporate information about the availability of housing options, as well as
9.27 registered housing with services and consumer rights within the MinnesotaHelp.info network
9.28 long-term care database to facilitate consumer comparison of services and costs among
9.29 housing with services establishments and with other in-home services and to support financial
9.30 self-sufficiency as long as possible. Housing with services establishments and their arranged
9.31 home care providers shall provide information that will facilitate price comparisons, including
9.32 delineation of charges for rent and for services available. The commissioners of health and
9.33 human services shall align the data elements required by section 144G.06, the Uniform
9.34 Consumer Information Guide, and this section to provide consumers standardized information

10.1 and ease of comparison of long-term care options. The commissioner of human services
10.2 shall provide the data to the Minnesota Board on Aging for inclusion in the
10.3 MinnesotaHelp.info network long-term care database;

10.4 (11) provide long-term care options counseling. Long-term care options counselors shall:

10.5 (i) for individuals not eligible for case management under a public program or public
10.6 funding source, provide interactive decision support under which consumers, family
10.7 members, or other helpers are supported in their deliberations to determine appropriate
10.8 long-term care choices in the context of the consumer's needs, preferences, values, and
10.9 individual circumstances, including implementing a community support plan;

10.10 (ii) provide web-based educational information and collateral written materials to
10.11 familiarize consumers, family members, or other helpers with the long-term care basics,
10.12 issues to be considered, and the range of options available in the community;

10.13 (iii) provide long-term care futures planning, which means providing assistance to
10.14 individuals who anticipate having long-term care needs to develop a plan for the more
10.15 distant future; and

10.16 (iv) provide expertise in benefits and financing options for long-term care, including
10.17 Medicare, long-term care insurance, tax or employer-based incentives, reverse mortgages,
10.18 private pay options, and ways to access low or no-cost services or benefits through
10.19 volunteer-based or charitable programs;

10.20 (12) using risk management and support planning protocols, provide long-term care
10.21 options counseling under clause (13) to current residents of nursing homes deemed
10.22 appropriate for discharge by the commissioner who meet a profile that demonstrates that
10.23 the consumer is either at risk of readmission to a nursing home or hospital, or would benefit
10.24 from long-term care options counseling to age in place. The Senior LinkAge Line shall
10.25 identify and contact residents or patients deemed appropriate by developing targeting criteria
10.26 and creating a profile in consultation with the commissioner. The commissioner shall provide
10.27 designated Senior LinkAge Line contact centers with a list of current or former nursing
10.28 home residents or people discharged from a hospital or for whom Medicare home care has
10.29 ended, that meet the criteria as being appropriate for long-term care options counseling
10.30 through a referral via a secure web portal. Senior LinkAge Line shall provide these residents,
10.31 if they indicate a preference to receive long-term care options counseling, with initial
10.32 assessment and, if appropriate, a referral to:

10.33 (i) long-term care consultation services under section 256B.0911;

11.1 (ii) designated care coordinators of contracted entities under section 256B.035 for persons
11.2 who are enrolled in a managed care plan; or

11.3 (iii) the long-term care consultation team for those who are eligible for relocation service
11.4 coordination due to high-risk factors or psychological or physical disability; and

11.5 (13) develop referral protocols and processes that will assist certified health care homes,
11.6 Medicare home care, and hospitals to identify at-risk older adults and determine when to
11.7 refer these individuals to the Senior LinkAge Line for long-term care options counseling
11.8 under this section. The commissioner is directed to work with the commissioner of health
11.9 to develop protocols that would comply with the health care home designation criteria and
11.10 protocols available at the time of hospital discharge or the end of Medicare home care. The
11.11 commissioner shall keep a record of the number of people who choose long-term care
11.12 options counseling as a result of this section.

11.13 (c) Nursing homes shall provide contact information to the Senior LinkAge Line for
11.14 residents identified in paragraph (b), clause (12), to provide long-term care options counseling
11.15 pursuant to paragraph (b), clause (11). The contact information for residents shall include
11.16 all information reasonably necessary to contact residents, including first and last names,
11.17 permanent and temporary addresses, telephone numbers, and e-mail addresses.

11.18 (d) The Senior LinkAge Line shall determine when it is appropriate to refer a consumer
11.19 who receives long-term care options counseling under paragraph (b), clause (12) or (13),
11.20 and who uses an unpaid caregiver to the self-directed caregiver service under subdivision
11.21 12.

11.22 Sec. 8. Minnesota Statutes 2018, section 256.975, subdivision 7c, is amended to read:

11.23 Subd. 7c. **Preadmission screening requirements.** (a) A person may be screened for
11.24 nursing facility admission by telephone or in a face-to-face screening interview except as
11.25 provided in paragraph (b). The Senior LinkAge Line shall identify each individual's needs
11.26 using the following categories:

11.27 (1) the person needs no face-to-face long-term care consultation assessment completed
11.28 under section 256B.0911, subdivision 3a, 3b, or 4d, by a county, tribe, or managed care
11.29 organization under contract with the Department of Human Services to determine the need
11.30 for nursing facility level of care based on information obtained from other health care
11.31 professionals;

11.32 (2) the person needs an immediate face-to-face long-term care consultation assessment
11.33 completed under section 256B.0911, subdivision 3a, 3b, or 4d, by a county, tribe, or managed

12.1 care organization under contract with the Department of Human Services to determine the
 12.2 need for nursing facility level of care and complete activities required under subdivision
 12.3 7a; or

12.4 (3) the person may be exempt from screening requirements as outlined in subdivision
 12.5 7b, but will need transitional assistance after admission or in-person follow-along after a
 12.6 return home.

12.7 (b) ~~Individuals under 65 years of age who are admitted to nursing facilities with only a~~
 12.8 ~~telephone screening must receive a face-to-face assessment from the long-term care~~
 12.9 ~~consultation team member of the county in which the facility is located or from the recipient's~~
 12.10 ~~county case manager within 40 calendar days of admission as described in section 256B.0911,~~
 12.11 ~~subdivision 4d, paragraph (e).~~ For individuals under 21 years of age, a preadmission screening
 12.12 interview which recommends nursing facility admission must be face-to-face and approved
 12.13 by the commissioner before the individual is admitted to the nursing facility.

12.14 (c) Persons admitted on a nonemergency basis to a Medicaid-certified nursing facility
 12.15 must be screened prior to admission.

12.16 (d) Screenings provided by the Senior LinkAge Line must include processes to identify
 12.17 persons who may require transition assistance described in subdivision 7, paragraph (b),
 12.18 clause (12), and section 256B.0911, subdivision 3b.

12.19 Sec. 9. Minnesota Statutes 2018, section 256.975, subdivision 7d, is amended to read:

12.20 Subd. 7d. **Payment for preadmission screening.** (a) Funding for preadmission screening
 12.21 shall be provided to the Minnesota Board on Aging by the Department of Human Services
 12.22 to cover screener salaries and expenses to provide the services described in subdivisions 7a
 12.23 to 7c. The Minnesota Board on Aging shall employ, or contract with other agencies to
 12.24 employ, within the limits of available funding, sufficient personnel to provide preadmission
 12.25 screening and level of care determination services and shall seek to maximize federal funding
 12.26 for the service as provided under section 256.01, subdivision 2, paragraph (aa).

12.27 (b) Funding for preadmission screening follow-up shall be provided to the Disability
 12.28 Linkage Line for the population under age 60 by the Department of Human Services to
 12.29 cover options counseling salaries and expenses to provide the services described in
 12.30 subdivisions 7a to 7c. The Disability Linkage Line shall employ, or contract with other
 12.31 agencies to employ, within the limits of available funding, sufficient personnel to provide
 12.32 preadmission screening follow-up services and shall seek to maximize federal funding for
 12.33 the service as provided under section 256.01, subdivision 2, paragraph (aa).

13.1 Sec. 10. Minnesota Statutes 2018, section 256.975, is amended by adding a subdivision
13.2 to read:

13.3 Subd. 7e. **Options counseling for housing with services.** (a) The purpose of long-term
13.4 care options counseling for registered housing with services is to support persons with
13.5 current or anticipated long-term care needs in making informed choices among options that
13.6 include the most cost-effective and least restrictive settings. Prospective residents maintain
13.7 the right to choose housing with services or assisted living if that option is their preference.

13.8 (b) Registered housing with services establishments shall inform each prospective resident
13.9 or the prospective resident's designated or legal representative of the availability of long-term
13.10 care options counseling and the need to receive and verify the counseling prior to signing
13.11 a lease or contract. Long-term care options counseling for registered housing with services
13.12 is provided as determined by the commissioner of human services. The service is delivered
13.13 under a partnership between the Senior LinkAge Line, the Disability Linkage Line, and the
13.14 Area Agencies on Aging, and is a point of entry to telephone-based long-term care options
13.15 counseling provided by the Senior LinkAge Line. The point of entry service must be provided
13.16 within five working days of the request of the prospective resident as follows:

13.17 (1) the options counseling shall be conducted with the prospective resident, or in the
13.18 alternative, the resident's designated or legal representative, if:

13.19 (i) the resident verbally requests; or

13.20 (ii) the registered housing with services provider has documentation of the designated
13.21 or legal representative's authority to enter into a lease or contract on behalf of the prospective
13.22 resident and accepts the documentation in good faith;

13.23 (2) the options counseling shall be performed in a manner that provides objective and
13.24 complete information;

13.25 (3) the options counseling must include a review of the prospective resident's reasons
13.26 for considering housing with services, the prospective resident's personal goals, a discussion
13.27 of the prospective resident's immediate and projected long-term care needs, and alternative
13.28 community services or housing with services settings that may meet the prospective resident's
13.29 needs;

13.30 (4) the prospective resident, if eligible for long-term care consultation services under
13.31 section 256B.0911, must be informed of the availability of a face-to-face visit at no charge
13.32 to the prospective resident to assist the prospective resident in assessment and planning to
13.33 meet the prospective resident's long-term care needs; and

14.1 (5) verification of options counseling shall be generated and provided to the prospective
 14.2 resident by the Senior LinkAge Line upon completion of the telephone-based counseling.

14.3 (c) Housing with services establishments registered under chapter 144D shall:

14.4 (1) inform each prospective resident or the prospective resident's designated or legal
 14.5 representative of the availability of and contact information for options counseling under
 14.6 this subdivision;

14.7 (2) receive a copy of the verification of options counseling prior to executing a lease or
 14.8 service contract with the prospective resident, and prior to executing a service contract with
 14.9 individuals who have previously entered into lease-only arrangements; and

14.10 (3) retain a copy of the verification of options counseling as part of the resident's file.

14.11 (d) Emergency admissions to registered housing with services establishments prior to
 14.12 options counseling under paragraph (b) are permitted according to policies established by
 14.13 the commissioner.

14.14 Sec. 11. Minnesota Statutes 2018, section 256.975, is amended by adding a subdivision
 14.15 to read:

14.16 Subd. 7f. **Options counseling for housing with services exemptions.** Individuals shall
 14.17 be exempt from the requirements outlined in subdivision 7e in the following circumstances:

14.18 (1) the individual is seeking a lease-only arrangement in a subsidized housing setting;

14.19 (2) the individual has previously received a long-term care consultation assessment
 14.20 under section 256B.0911. In this instance, the assessor who completes the long-term care
 14.21 consultation assessment will issue a verification code and provide it to the individual;

14.22 (3) the individual is receiving or is being evaluated for hospice services from a hospice
 14.23 provider licensed under sections 144A.75 to 144A.755; or

14.24 (4) the individual has used financial planning services and created a long-term care plan
 14.25 as defined by the commissioner in the 12 months prior to signing a lease or contract with a
 14.26 registered housing with services establishment.

14.27 Sec. 12. Minnesota Statutes 2018, section 256B.055, subdivision 12, is amended to read:

14.28 Subd. 12. **Children with disabilities.** (a) A person is eligible for medical assistance if
 14.29 the person is under age 19 and qualifies as a disabled individual under United States Code,
 14.30 title 42, section 1382c(a), and would be eligible for medical assistance under the state plan
 14.31 if residing in a medical institution, and the child requires a level of care provided in a hospital,

15.1 nursing facility, or intermediate care facility for persons with developmental disabilities,
15.2 for whom home care is appropriate, provided that the cost to medical assistance under this
15.3 section is not more than the amount that medical assistance would pay for if the child resides
15.4 in an institution. After the child is determined to be eligible under this section, the
15.5 commissioner shall review the child's disability under United States Code, title 42, section
15.6 1382c(a) and level of care defined under this section no more often than annually and may
15.7 elect, based on the recommendation of health care professionals under contract with the
15.8 state medical review team, to extend the review of disability and level of care up to a
15.9 maximum of four years. The commissioner's decision on the frequency of continuing review
15.10 of disability and level of care is not subject to administrative appeal under section 256.045.
15.11 The county agency shall send a notice of disability review to the enrollee six months prior
15.12 to the date the recertification of disability is due. Nothing in this subdivision shall be
15.13 construed as affecting other redeterminations of medical assistance eligibility under this
15.14 chapter and annual cost-effective reviews under this section.

15.15 (b) For purposes of this subdivision, "hospital" means an institution as defined in section
15.16 144.696, subdivision 3, 144.55, subdivision 3, or Minnesota Rules, part 4640.3600, and
15.17 licensed pursuant to sections 144.50 to 144.58. For purposes of this subdivision, a child
15.18 requires a level of care provided in a hospital if the child is determined by the commissioner
15.19 to need an extensive array of health services, including mental health services, for an
15.20 undetermined period of time, whose health condition requires frequent monitoring and
15.21 treatment by a health care professional or by a person supervised by a health care
15.22 professional, who would reside in a hospital or require frequent hospitalization if these
15.23 services were not provided, and the daily care needs are more complex than a nursing facility
15.24 level of care.

15.25 A child with serious emotional disturbance requires a level of care provided in a hospital
15.26 if the commissioner determines that the individual requires 24-hour supervision because
15.27 the person exhibits recurrent or frequent suicidal or homicidal ideation or behavior, recurrent
15.28 or frequent psychosomatic disorders or somatopsychic disorders that may become life
15.29 threatening, recurrent or frequent severe socially unacceptable behavior associated with
15.30 psychiatric disorder, ongoing and chronic psychosis or severe, ongoing and chronic
15.31 developmental problems requiring continuous skilled observation, or severe disabling
15.32 symptoms for which office-centered outpatient treatment is not adequate, and which overall
15.33 severely impact the individual's ability to function.

15.34 (c) For purposes of this subdivision, "nursing facility" means a facility which provides
15.35 nursing care as defined in section 144A.01, subdivision 5, licensed pursuant to sections

16.1 144A.02 to 144A.10, which is appropriate if a person is in active restorative treatment; is
16.2 in need of special treatments provided or supervised by a licensed nurse; or has unpredictable
16.3 episodes of active disease processes requiring immediate judgment by a licensed nurse. For
16.4 purposes of this subdivision, a child requires the level of care provided in a nursing facility
16.5 if the child is determined by the commissioner to meet the requirements of the preadmission
16.6 screening assessment document under section 256B.0911, adjusted to address age-appropriate
16.7 standards for children age 18 and under.

16.8 (d) For purposes of this subdivision, "intermediate care facility for persons with
16.9 developmental disabilities" or "ICF/DD" means a program licensed to provide services to
16.10 persons with developmental disabilities under section 252.28, and chapter 245A, and a
16.11 physical plant licensed as a supervised living facility under chapter 144, which together are
16.12 certified by the Minnesota Department of Health as meeting the standards in Code of Federal
16.13 Regulations, title 42, part 483, for an intermediate care facility which provides services for
16.14 persons with developmental disabilities who require 24-hour supervision and active treatment
16.15 for medical, behavioral, or habilitation needs. For purposes of this subdivision, a child
16.16 requires a level of care provided in an ICF/DD if the commissioner finds that the child has
16.17 a developmental disability in accordance with section 256B.092, is in need of a 24-hour
16.18 plan of care and active treatment similar to persons with developmental disabilities, and
16.19 there is a reasonable indication that the child will need ICF/DD services.

16.20 (e) For purposes of this subdivision, a person requires the level of care provided in a
16.21 nursing facility if the person requires 24-hour monitoring or supervision and a plan of mental
16.22 health treatment because of specific symptoms or functional impairments associated with
16.23 a serious mental illness or disorder diagnosis, which meet severity criteria for mental health
16.24 established by the commissioner and published in March 1997 as the Minnesota Mental
16.25 Health Level of Care for Children and Adolescents with Severe Emotional Disorders.

16.26 (f) The determination of the level of care needed by the child shall be made by the
16.27 commissioner based on information supplied to the commissioner by the parent or guardian,
16.28 the child's physician or physicians, and other professionals as requested by the commissioner.
16.29 The commissioner shall establish a screening team to conduct the level of care determinations
16.30 according to this subdivision.

16.31 (g) If a child meets the conditions in paragraph (b), (c), (d), or (e), the commissioner
16.32 must assess the case to determine whether:

17.1 (1) the child qualifies as a disabled individual under United States Code, title 42, section
 17.2 1382c(a), and would be eligible for medical assistance if residing in a medical institution;
 17.3 and

17.4 (2) the cost of medical assistance services for the child, if eligible under this subdivision,
 17.5 would not be more than the cost to medical assistance if the child resides in a medical
 17.6 institution to be determined as follows:

17.7 (i) for a child who requires a level of care provided in an ICF/DD, the cost of care for
 17.8 the child in an institution shall be determined using the average payment rate established
 17.9 for the regional treatment centers that are certified as ICF's/DD;

17.10 (ii) for a child who requires a level of care provided in an inpatient hospital setting
 17.11 according to paragraph (b), cost-effectiveness shall be determined according to Minnesota
 17.12 Rules, part 9505.3520, items F and G; and

17.13 (iii) for a child who requires a level of care provided in a nursing facility according to
 17.14 paragraph (c) or (e), cost-effectiveness shall be determined according to Minnesota Rules,
 17.15 part 9505.3040, except that the nursing facility average rate shall be adjusted to reflect rates
 17.16 which would be paid for children under age 16. The commissioner may authorize an amount
 17.17 up to the amount medical assistance would pay for a child referred to the commissioner ~~by~~
 17.18 following the preadmission screening team required under section ~~256B.0911~~ 256.975,
 17.19 subdivision 7c, paragraph (b).

17.20 Sec. 13. Minnesota Statutes 2018, section 256B.0575, subdivision 2, is amended to read:

17.21 Subd. 2. **Reasonable expenses.** For the purposes of subdivision 1, paragraph (a), clause
 17.22 (9), reasonable expenses are limited to expenses that have not been previously used as a
 17.23 deduction from income and were not:

17.24 (1) for long-term care expenses incurred during a period of ineligibility as defined in
 17.25 section 256B.0595, subdivision 2;

17.26 (2) incurred more than three months before the month of application associated with the
 17.27 current period of eligibility;

17.28 (3) for expenses incurred by a recipient that are duplicative of services that are covered
 17.29 under chapter 256B; or

17.30 (4) nursing facility expenses incurred without a timely ~~assessment~~ nursing facility
 17.31 preadmission screening as required under section ~~256B.0911~~ 256.975, subdivisions 7a to
 17.32 7c.

18.1 Sec. 14. Minnesota Statutes 2018, section 256B.0911, subdivision 1, is amended to read:

18.2 Subdivision 1. **Purpose and goal.** (a) The purpose of long-term care consultation services
 18.3 is to assist persons with long-term or chronic care needs in making care decisions and
 18.4 selecting support and service options that meet their needs and reflect their preferences.
 18.5 The availability of, and access to, information and other types of assistance, including
 18.6 long-term care consultation assessment and community support planning, is also intended
 18.7 to prevent or delay institutional placements and to provide access to transition assistance
 18.8 after ~~admission~~ placement. Further, the goal of ~~these~~ long-term care consultation services
 18.9 is to contain costs associated with unnecessary institutional admissions. ~~Long-term~~
 18.10 ~~consultation services must be available to any person regardless of public program eligibility.~~

18.11 (b) The commissioner of human services shall seek to maximize use of available federal
 18.12 and state funds ~~and establish the broadest program possible within the funding available.~~

18.13 ~~(b) These~~ (c) Long-term care consultation services must be coordinated with long-term
 18.14 care options counseling provided under ~~subdivision 4d~~, section 256.975, subdivisions 7 to
 18.15 ~~7e~~ 7f, and section 256.01, subdivision 24.

18.16 (d) The lead agency providing long-term care consultation services shall encourage the
 18.17 use of volunteers from families, religious organizations, social clubs, and similar civic and
 18.18 service organizations to provide community-based services.

18.19 Sec. 15. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 1a, is
 18.20 amended to read:

18.21 Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

18.22 (a) Until additional requirements apply under paragraph (b), "long-term care consultation
 18.23 services" means:

18.24 (1) intake for and access to assistance in identifying services needed to maintain an
 18.25 individual in the most inclusive environment;

18.26 (2) providing recommendations for and referrals to cost-effective community services
 18.27 that are available to the individual;

18.28 (3) development of an individual's person-centered community support plan;

18.29 (4) providing information regarding eligibility for Minnesota health care programs;

18.30 (5) face-to-face long-term care consultation assessments, which may be completed in a
 18.31 hospital, nursing facility, intermediate care facility for persons with developmental disabilities
 18.32 (ICF/DDs), regional treatment centers, or the person's current or planned residence;

19.1 (6) determination of home and community-based waiver and other service eligibility as
 19.2 required under chapter 256S and sections 256B.0913, 256B.092, and 256B.49, including
 19.3 level of care determination for individuals who need an institutional level of care as
 19.4 determined under subdivision 4e, based on long-term care consultation assessment and
 19.5 community support plan development, ~~appropriate referrals to obtain necessary diagnostic~~
 19.6 ~~information,~~ and including an eligibility determination for consumer-directed community
 19.7 supports;

19.8 (7) providing recommendations for institutional placement when there are no
 19.9 cost-effective community services available;

19.10 (8) providing access to assistance to transition people back to community settings after
 19.11 institutional admission; and

19.12 (9) providing information about competitive employment; with or without supports; for
 19.13 school-age youth and working-age adults and referrals to the Disability Linkage Line and
 19.14 Disability Benefits 101 to ensure that an informed choice about competitive employment
 19.15 can be made. For the purposes of this subdivision, "competitive employment" means work
 19.16 in the competitive labor market that is performed on a full-time or part-time basis in an
 19.17 integrated setting, and for which an individual is compensated at or above the minimum
 19.18 wage, but not less than the customary wage and level of benefits paid by the employer for
 19.19 the same or similar work performed by individuals without disabilities.

19.20 (b) Upon statewide implementation of lead agency requirements in subdivisions 2b, 2c,
 19.21 and 3a, "long-term care consultation services" also means:

19.22 (1) service eligibility determination for state plan services identified in:

19.23 (i) section 256B.0625, subdivisions 19a and 19c;

19.24 (ii) consumer support grants under section 256.476; or

19.25 (iii) section 256B.85;

19.26 (2) notwithstanding provisions in Minnesota Rules, parts 9525.0004 to 9525.0024,
 19.27 gaining access to:

19.28 (i) relocation-targeted case management services available under ~~sections~~ section
 19.29 256B.0621, subdivision 2, clause (4);₂

19.30 (ii) case management services targeted to vulnerable adults or developmental disabilities
 19.31 under section 256B.0924;₂ and

20.1 (iii) case management services targeted to people with developmental disabilities under
 20.2 Minnesota Rules, part 9525.0016;

20.3 (3) determination of eligibility for semi-independent living services under section
 20.4 252.275; and

20.5 (4) obtaining necessary diagnostic information to determine eligibility under clauses (2)
 20.6 and (3).

20.7 (c) "Long-term care options counseling" means the services provided by the linkage
 20.8 lines as mandated by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also
 20.9 includes telephone assistance and follow up once a long-term care consultation assessment
 20.10 has been completed.

20.11 (d) "Minnesota health care programs" means the medical assistance program under this
 20.12 chapter and the alternative care program under section 256B.0913.

20.13 (e) "Lead agencies" means counties administering or tribes and health plans under
 20.14 contract with the commissioner to administer long-term care consultation assessment and
 20.15 community support planning services.

20.16 (f) "Person-centered planning" is a process that includes the active participation of a
 20.17 person in the planning of the person's services, including in making meaningful and informed
 20.18 choices about the person's own goals, talents, and objectives, as well as making meaningful
 20.19 and informed choices about the services the person receives. For the purposes of this section,
 20.20 "informed choice" means a voluntary choice of services by a person from all available
 20.21 service options based on accurate and complete information concerning all available service
 20.22 options and concerning the person's own preferences, abilities, goals, and objectives. In
 20.23 order for a person to make an informed choice, all available options must be developed and
 20.24 presented to the person to empower the person to make decisions.

20.25 Sec. 16. Minnesota Statutes 2018, section 256B.0911, is amended by adding a subdivision
 20.26 to read:

20.27 Subd. 1b. **Eligibility.** (a) To be eligible for long-term care consultation services, a person
 20.28 must be:

20.29 (1) enrolled in medical assistance;

20.30 (2) determined financially eligible for the alternative care program;

20.31 (3) determined to have a developmental disability or related condition as defined in
 20.32 Minnesota Rules, part 9525.0016, subpart 2, items A to E; or

21.1 (4) referred to a lead agency under section 256.975, subdivision 7c, paragraph (a), clause
 21.2 (2), following a nursing facility preadmission screening.

21.3 (b) To be eligible for long-term care consultation services, a person enrolled in medical
 21.4 assistance must also have utilized state plan services for at least six months and be either:

21.5 (1) age 65 or older;

21.6 (2) blind; or

21.7 (3) determined to have a disability by the commissioner's state medical review team as
 21.8 identified in section 256B.055, subdivision 7, or by the Social Security Administration.

21.9 Sec. 17. Minnesota Statutes 2018, section 256B.0911, subdivision 2b, is amended to read:

21.10 Subd. 2b. **MnCHOICES certified assessors.** (a) Each lead agency shall use certified
 21.11 assessors who have completed MnCHOICES training and the certification processes
 21.12 determined by the commissioner in subdivision 2c. Certified assessors shall demonstrate
 21.13 best practices in assessment and support planning including person-centered planning
 21.14 principles and have a common set of skills that must ensure consistency and equitable access
 21.15 to services statewide. A lead agency may choose, according to departmental policies, to
 21.16 contract with a qualified, certified assessor to conduct assessments and reassessments on
 21.17 behalf of the lead agency. Certified assessors must use person-centered planning principles
 21.18 to conduct an interview that identifies what is important to the person, the person's needs
 21.19 for supports, health and safety concerns, and the person's abilities, interests, and goals.

21.20 Certified assessors are responsible for:

21.21 (1) ensuring persons are offered objective, unbiased access to resources;

21.22 (2) ensuring persons have the needed information to support informed choice, including
 21.23 where and how they choose to live and the opportunity to pursue desired employment;

21.24 (3) determining level of care and eligibility for long-term services and supports;

21.25 (4) using the information gathered from the interview to develop a person-centered
 21.26 community support plan that reflects identified needs and support options within the context
 21.27 of values, interests, and goals important to the person; and

21.28 (5) providing the person with a community support plan that summarizes the person's
 21.29 assessment findings, support options, and agreed-upon next steps.

21.30 (b) MnCHOICES certified assessors ~~are persons with a minimum of a~~ must possess a
 21.31 bachelor's degree in social work, nursing with a public health nursing certificate, or other

22.1 closely related field ~~with~~ and have at least one year of home and community-based
 22.2 experience, or be a registered nurse with at least two years of home and community-based
 22.3 experience ~~who has~~. A certified assessor must also have received training and certification
 22.4 ~~specific to assessment and consultation for long-term care services in the state~~ under
 22.5 subdivision 2c.

22.6 Sec. 18. Minnesota Statutes 2018, section 256B.0911, subdivision 2c, is amended to read:

22.7 Subd. 2c. **Assessor training and certification.** The commissioner shall develop and
 22.8 implement a curriculum and an assessor certification process. All existing lead agency staff
 22.9 designated to provide the services defined in subdivision 1a must be certified ~~within timelines~~
 22.10 ~~specified by the commissioner, but no sooner than six months after statewide availability~~
 22.11 ~~of the training and certification process.~~ The commissioner must establish the timelines for
 22.12 training and certification in a manner that allows lead agencies to most efficiently adopt the
 22.13 automated process established in subdivision 5. Each lead agency ~~is required to~~ must ensure
 22.14 that ~~they have~~ it has sufficient numbers of certified assessors to provide long-term
 22.15 consultation assessment and support planning within the timelines and parameters of the
 22.16 service. Certified assessors ~~are required to~~ must be recertified every three years.

22.17 Sec. 19. Minnesota Statutes 2018, section 256B.0911, subdivision 3, is amended to read:

22.18 Subd. 3. **Long-term care consultation team.** (a) A long-term care consultation team
 22.19 shall be established by the county board of commissioners. Two or more counties may
 22.20 collaborate to establish a joint local consultation team or teams.

22.21 (b) Each lead agency shall establish and maintain a team of certified assessors qualified
 22.22 under subdivision 2b, paragraph (b). Each team member is responsible for providing
 22.23 consultation with other team members upon request. The team is responsible for providing
 22.24 long-term care consultation services to all eligible persons located in the county who request
 22.25 the services, ~~regardless of eligibility for Minnesota health care programs.~~ The team of
 22.26 certified assessors must include, at a minimum:

22.27 (1) a social worker; and

22.28 (2) a public health nurse or registered nurse.

22.29 (c) The commissioner shall allow arrangements and make recommendations that
 22.30 encourage counties and tribes to collaborate to establish joint local long-term care
 22.31 consultation teams to ensure that long-term care consultations are done within the timelines

23.1 and parameters of the service. This includes integrated service models as required in
23.2 subdivision 1, paragraph (b).

23.3 (d) Tribes and health plans under contract with the commissioner must provide long-term
23.4 care consultation services as specified in the contract.

23.5 (e) The lead agency must provide the commissioner with an administrative contact for
23.6 communication purposes.

23.7 Sec. 20. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 3a, is
23.8 amended to read:

23.9 Subd. 3a. **Assessment and support planning.** (a) Eligible persons requesting assessment,
23.10 services planning, or other assistance intended to support community-based living, including
23.11 persons who need assessment in order to determine waiver or alternative care program
23.12 eligibility, must be visited by a long-term care consultation team within 20 calendar days
23.13 after the date on which an assessment was requested or recommended. Upon statewide
23.14 implementation of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment
23.15 of a person requesting personal care assistance services. Face-to-face assessments must be
23.16 conducted according to paragraphs (b) to (i).

23.17 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
23.18 assessors to conduct the assessment. For a person with complex health care needs, a public
23.19 health or registered nurse from the team must be consulted.

23.20 (c) The MnCHOICES assessment tool provided by the commissioner to lead agencies
23.21 must be used to complete a comprehensive, conversation-based, person-centered assessment.
23.22 The assessment must include the health, psychological, functional, environmental, and
23.23 social needs of the individual necessary to develop a community support plan that meets
23.24 the individual's needs and preferences.

23.25 (d) The assessment must be conducted by a certified assessor in a face-to-face
23.26 conversational interview with the person being assessed. The person's legal representative
23.27 must provide input during the assessment process and may do so remotely if requested. At
23.28 the request of the person, other individuals may participate in the assessment to provide
23.29 information on the needs, strengths, and preferences of the person necessary to develop a
23.30 community support plan that ensures the person's health and safety. Except for legal
23.31 representatives or family members invited by the person, persons participating in the
23.32 assessment may not be a provider of service or have any financial interest in the provision
23.33 of services. For persons who are to be assessed for elderly waiver customized living or adult

24.1 day services under chapter 256S, with the permission of the person being assessed or the
24.2 person's designated or legal representative, the client's current or proposed provider of
24.3 services may submit a copy of the provider's nursing assessment or written report outlining
24.4 its recommendations regarding the client's care needs. The person conducting the assessment
24.5 must notify the provider of the date by which this information is to be submitted. This
24.6 information shall be provided to the person conducting the assessment prior to the assessment.
24.7 For a person who is to be assessed for waiver services under section 256B.092 or 256B.49,
24.8 with the permission of the person being assessed or the person's designated legal
24.9 representative, the person's current provider of services may submit a written report outlining
24.10 recommendations regarding the person's care needs the person completed in consultation
24.11 with someone who is known to the person and has interaction with the person on a regular
24.12 basis. The provider must submit the report at least 60 days before the end of the person's
24.13 current service agreement. The certified assessor must consider the content of the submitted
24.14 report prior to finalizing the person's assessment or reassessment.

24.15 (e) The certified assessor and the individual responsible for developing the coordinated
24.16 service and support plan must complete the community support plan and the coordinated
24.17 service and support plan no more than 60 calendar days from the assessment visit. The
24.18 person or the person's legal representative must be provided with a written community
24.19 support plan within the timelines established by the commissioner, regardless of whether
24.20 the person is eligible for Minnesota health care programs.

24.21 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
24.22 who submitted information under paragraph (d) shall receive the final written community
24.23 support plan when available and the Residential Services Workbook.

24.24 (g) The written community support plan must include:

24.25 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

24.26 (2) the individual's options and choices to meet identified needs, including all available
24.27 options for case management services and providers, including service provided in a
24.28 non-disability-specific setting;

24.29 (3) identification of health and safety risks and how those risks will be addressed,
24.30 including personal risk management strategies;

24.31 (4) referral information; and

24.32 (5) informal caregiver supports, if applicable.

25.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph
25.2 (b), clause (1), the person or person's representative must also receive a copy of the home
25.3 care service plan developed by the certified assessor.

25.4 (h) ~~A person may request assistance in identifying community supports without~~
25.5 ~~participating in a complete assessment.~~ Upon a request for assistance identifying community
25.6 support, the a person who is not eligible for long-term care consultation services must be
25.7 transferred or referred to long-term care options counseling services available under sections
25.8 256.975, subdivision 7, and 256.01, subdivision 24, for telephone assistance and follow up.

25.9 (i) The person has the right to make the final decision between institutional placement
25.10 and community placement after the recommendations have been provided, except as provided
25.11 in section 256.975, subdivision 7a, paragraph (d).

25.12 (j) The lead agency must give the person receiving assessment ~~or support planning~~, or
25.13 the person's legal representative, materials, and forms supplied by the commissioner
25.14 containing the following information:

25.15 (1) written recommendations for community-based services and consumer-directed
25.16 options;

25.17 (2) documentation that the most cost-effective alternatives available were offered to the
25.18 individual. For purposes of this clause, "cost-effective" means community services and
25.19 living arrangements that cost the same as or less than institutional care. For an individual
25.20 found to meet eligibility criteria for home and community-based service programs under
25.21 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
25.22 approved waiver plan for each program;

25.23 (3) the need for and purpose of preadmission screening conducted by long-term care
25.24 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
25.25 nursing facility placement. If the individual selects nursing facility placement, the lead
25.26 agency shall forward information needed to complete the level of care determinations and
25.27 screening for developmental disability and mental illness collected during the assessment
25.28 to the long-term care options counselor using forms provided by the commissioner;

25.29 (4) the role of long-term care consultation assessment and support planning in eligibility
25.30 determination for waiver and alternative care programs, and state plan home care, case
25.31 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
25.32 and (b);

25.33 (5) information about Minnesota health care programs;

- 26.1 (6) the person's freedom to accept or reject the recommendations of the team;
- 26.2 (7) the person's right to confidentiality under the Minnesota Government Data Practices
26.3 Act, chapter 13;
- 26.4 (8) the certified assessor's decision regarding the person's need for institutional level of
26.5 care as determined under criteria established in subdivision 4e and the certified assessor's
26.6 decision regarding eligibility for all services and programs as defined in subdivision 1a,
26.7 paragraphs (a), clause (6), and (b); and
- 26.8 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
26.9 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
26.10 (8), and (b), and incorporating the decision regarding the need for institutional level of care
26.11 ~~or the lead agency's final decisions regarding public programs eligibility~~ according to section
26.12 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
26.13 to the person and must visually point out where in the document the right to appeal is stated.
- 26.14 (k) Face-to-face assessment completed as part of service eligibility determination for
26.15 the alternative care, elderly waiver, developmental disabilities, community access for
26.16 disability inclusion, community alternative care, and brain injury waiver programs under
26.17 chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service
26.18 eligibility for no more than 60 calendar days after the date of assessment.
- 26.19 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
26.20 to the date of assessment. If an assessment was completed more than 60 days before the
26.21 effective waiver or alternative care program eligibility start date, assessment and support
26.22 plan information must be updated and documented in the department's Medicaid Management
26.23 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
26.24 state plan services, the effective date of eligibility for programs included in paragraph (k)
26.25 cannot be prior to the date the most recent updated assessment is completed.
- 26.26 (m) If an eligibility update is completed within 90 days of the previous face-to-face
26.27 assessment and documented in the department's Medicaid Management Information System
26.28 (MMIS), the effective date of eligibility for programs included in paragraph (k) is the date
26.29 of the previous face-to-face assessment when all other eligibility requirements are met.
- 26.30 (n) At the time of reassessment, the certified assessor shall assess each person receiving
26.31 waiver services currently residing in a community residential setting, or licensed adult foster
26.32 care home that is not the primary residence of the license holder, or in which the license
26.33 holder is not the primary caregiver, to determine if that person would prefer to be served in
26.34 a community-living setting as defined in section 256B.49, subdivision 23. The certified

27.1 assessor shall offer the person, through a person-centered planning process, the option to
 27.2 receive alternative housing and service options.

27.3 Sec. 21. Minnesota Statutes 2018, section 256B.0911, subdivision 3b, is amended to read:

27.4 Subd. 3b. **Transition assistance.** (a) Notwithstanding subdivision 1b, lead agency
 27.5 certified assessors shall provide assistance to all persons residing in a nursing facility,
 27.6 hospital, regional treatment center, or intermediate care facility for persons with
 27.7 developmental disabilities who request or are referred for assistance. Transition assistance
 27.8 must include assessment, community support plan development, referrals to long-term care
 27.9 options counseling under section 256.975, subdivision 7, for community support plan
 27.10 implementation and to Minnesota health care programs, including home and
 27.11 community-based waiver services and consumer-directed options through the waivers, and
 27.12 referrals to programs that provide assistance with housing. Transition assistance must also
 27.13 include information about the Centers for Independent Living, Disability Linkage Line, and
 27.14 about other organizations that can provide assistance with relocation efforts, and information
 27.15 about contacting these organizations to obtain their assistance and support.

27.16 (b) The lead agency shall ensure that:

27.17 (1) referrals for in-person assessments are taken from long-term care options counselors
 27.18 as provided for in section 256.975, subdivision 7, paragraph (b), clause (11);

27.19 (2) persons assessed in institutions receive information about transition assistance that
 27.20 is available;

27.21 (3) the assessment is completed for persons within 20 calendar days of the date of request
 27.22 or recommendation for assessment;

27.23 (4) there is a plan for transition and follow-up for the individual's return to the community,
 27.24 including notification of other local agencies when a person may require assistance from
 27.25 agencies located in another county; and

27.26 (5) ~~relocation-targeted~~ relocation-targeted case management as defined in section
 27.27 256B.0621, subdivision 2, clause (4), is authorized for an eligible medical assistance
 27.28 recipient.

27.29 Sec. 22. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 3f, is
 27.30 amended to read:

27.31 Subd. 3f. **Long-term care reassessments and community support plan updates.** (a)
 27.32 Prior to a face-to-face reassessment, the certified assessor must review the person's most

28.1 recent assessment. Reassessments must be tailored using the professional judgment of the
 28.2 assessor to the person's known needs, strengths, preferences, and circumstances.
 28.3 Reassessments provide information to support the person's informed choice and opportunities
 28.4 to express choice regarding activities that contribute to quality of life, as well as information
 28.5 and opportunity to identify goals related to desired employment, community activities, and
 28.6 preferred living environment. Reassessments require a review of the most recent assessment,
 28.7 review of the current coordinated service and support plan's effectiveness, monitoring of
 28.8 services, and the development of an updated person-centered community support plan.
 28.9 Reassessments must verify continued service eligibility and offer alternatives as warranted,
 28.10 and provide an opportunity for quality assurance of service delivery. Face-to-face
 28.11 reassessments must be conducted annually or as required by federal and state laws and rules.
 28.12 For reassessments, the certified assessor and the individual responsible for developing the
 28.13 coordinated service and support plan must ensure the continuity of care for the person
 28.14 receiving services and complete the updated community support plan and the updated
 28.15 coordinated service and support plan no more than 60 days from the reassessment visit.

28.16 (b) The commissioner shall develop mechanisms for providers and case managers to
 28.17 share information with the assessor to facilitate a reassessment and support planning process
 28.18 tailored to the person's current needs and preferences.

28.19 (c) An individual or an individual's legal representative may indicate, in writing, at the
 28.20 conclusion of an annual reassessment that a complete annual long-term care consultation
 28.21 reassessment is not desired for up to two years. Before granting an individual's request to
 28.22 decline one or two complete annual reassessments, the certified assessor must provide the
 28.23 individual sufficient information to make a fully informed choice to decline complete annual
 28.24 reassessments. An eligible individual may request a reassessment at any time. In lieu of an
 28.25 annual complete long-term care consultation assessment for individuals who decline the
 28.26 assessment, certified assessors shall annually perform only those activities required by
 28.27 federal law to maintain the individual's service eligibility.

28.28 Sec. 23. Minnesota Statutes 2018, section 256B.0911, subdivision 4d, is amended to read:

28.29 Subd. 4d. **Preadmission screening of Consultation services for individuals under 65**
 28.30 **years of age admitted to a nursing facility.** (a) It is the policy of the state of Minnesota
 28.31 to ensure that individuals with disabilities or chronic illness are served in the most integrated
 28.32 setting appropriate to their needs and have the necessary information to make informed
 28.33 choices about home and community-based service options.

29.1 ~~(b) Individuals under 65 years of age who are admitted to a Medicaid-certified nursing~~
 29.2 ~~facility must be screened prior to admission according to the requirements outlined in section~~
 29.3 ~~256.975, subdivisions 7a to 7c. This shall be provided by the Senior LinkAge Line as~~
 29.4 ~~required under section 256.975, subdivision 7.~~

29.5 ~~(e)~~ (b) Notwithstanding subdivision 1b, all individuals under 65 years of age who are
 29.6 admitted to nursing facilities with only a telephone screening under section 256.975,
 29.7 subdivisions 7a to 7c, must receive a face-to-face assessment from the long-term care
 29.8 consultation team member of the county in which the facility is located or from the recipient's
 29.9 county case manager within the timeline established by the commissioner, based on review
 29.10 of data.

29.11 ~~(d)~~ (c) At the face-to-face assessment, the long-term care consultation team member or
 29.12 county case manager must perform the activities required under subdivision 3b.

29.13 ~~(e) For individuals under 21 years of age, a screening interview which recommends~~
 29.14 ~~nursing facility admission must be face-to-face and approved by the commissioner before~~
 29.15 ~~the individual is admitted to the nursing facility.~~

29.16 ~~(f)~~ (d) In the event that an individual under 65 years of age is admitted to a nursing
 29.17 facility on an emergency basis, ~~the Senior LinkAge Line must be notified of the admission~~
 29.18 ~~on the next working day, and~~ a face-to-face assessment as described in paragraph ~~(e)~~ (b)
 29.19 must be conducted within the timeline established by the commissioner, based on review
 29.20 of data.

29.21 ~~(g)~~ (e) At ~~the~~ a face-to-face assessment, the long-term care consultation team member
 29.22 or the case manager must present information about home and community-based options,
 29.23 including consumer-directed options, so the individual can make informed choices. If the
 29.24 individual chooses home and community-based services, the long-term care consultation
 29.25 team member or case manager must complete a written relocation plan within 20 working
 29.26 days of the visit. The plan shall describe the services needed to move out of the facility and
 29.27 a time line for the move which is designed to ensure a smooth transition to the individual's
 29.28 home and community.

29.29 ~~(h)~~ (f) Notwithstanding subdivision 1b, an individual under 65 years of age residing
 29.30 in a nursing facility ~~shall~~ must receive a face-to-face assessment at least every 12 months
 29.31 to review the person's service choices and available alternatives unless the individual
 29.32 indicates, in writing, that annual visits are not desired. In this case, the individual must
 29.33 receive a face-to-face assessment at least once every 36 months for the same purposes.

30.1 ~~(f)~~ (g) Notwithstanding the provisions of subdivision 6, the commissioner may pay
 30.2 county agencies directly for face-to-face assessments under this subdivision for individuals
 30.3 under 65 years of age who are being considered for placement or residing in a nursing
 30.4 facility.

30.5 ~~(j) Funding for preadmission screening follow-up shall be provided to the Disability~~
 30.6 ~~Linkage Line for the under-60 population by the Department of Human Services to cover~~
 30.7 ~~options counseling salaries and expenses to provide the services described in subdivisions~~
 30.8 ~~7a to 7c. The Disability Linkage Line shall employ, or contract with other agencies to~~
 30.9 ~~employ, within the limits of available funding, sufficient personnel to provide preadmission~~
 30.10 ~~screening follow-up services and shall seek to maximize federal funding for the service as~~
 30.11 ~~provided under section 256.01, subdivision 2, paragraph (aa).~~

30.12 Sec. 24. Minnesota Statutes 2019 Supplement, section 256B.0911, subdivision 5, is
 30.13 amended to read:

30.14 **Subd. 5. Administrative activity.** (a) The commissioner shall streamline the processes,
 30.15 including timelines for when assessments need to be completed, required to provide the
 30.16 services in this section and shall implement integrated solutions to automate the business
 30.17 processes to the extent necessary for community support plan approval, reimbursement,
 30.18 program planning, evaluation, and policy development.

30.19 (b) The commissioner of human services shall work with lead agencies responsible for
 30.20 conducting long-term care consultation services to modify the MnCHOICES application
 30.21 and assessment policies to create efficiencies while ensuring federal compliance with medical
 30.22 assistance and long-term services and supports eligibility criteria.

30.23 (c) The commissioner shall work with lead agencies responsible for conducting long-term
 30.24 care consultation services to develop a set of measurable benchmarks sufficient to
 30.25 demonstrate quarterly improvement in the average time per assessment and other mutually
 30.26 agreed upon measures of increasing efficiency. The commissioner shall collect data on these
 30.27 benchmarks and provide to the lead agencies and the chairs and ranking minority members
 30.28 of the legislative committees with jurisdiction over human services an annual trend analysis
 30.29 of the data in order to demonstrate the commissioner's compliance with the requirements
 30.30 of this subdivision.

31.1 Sec. 25. Minnesota Statutes 2018, section 256B.0911, subdivision 6, is amended to read:

31.2 Subd. 6. **Payment for long-term care consultation services.** ~~(a) Until September 30,~~
31.3 ~~2013, payment for long-term care consultation face-to-face assessment shall be made as~~
31.4 ~~described in this subdivision.~~

31.5 ~~(b) The total payment for each county must be paid monthly by Certified nursing facilities~~
31.6 ~~in the county. The monthly amount to be paid by each nursing facility for each fiscal year~~
31.7 ~~must be determined by dividing the county's annual allocation for long-term care consultation~~
31.8 ~~services by 12 to determine the monthly payment and allocating the monthly payment to~~
31.9 ~~each nursing facility based on the number of licensed beds in the nursing facility. Payments~~
31.10 ~~to counties in which there is no certified nursing facility must be made by increasing the~~
31.11 ~~payment rate of the two facilities located nearest to the county seat.~~

31.12 ~~(c) The commissioner shall include the total annual payment determined under paragraph~~
31.13 ~~(b) for each nursing facility reimbursed under section 256B.431 or 256B.434 or chapter~~
31.14 ~~256R.~~

31.15 ~~(d) In the event of the layaway, delicensure and decertification, or removal from layaway~~
31.16 ~~of 25 percent or more of the beds in a facility, the commissioner may adjust the per diem~~
31.17 ~~payment amount in paragraph (c) and may adjust the monthly payment amount in paragraph~~
31.18 ~~(b). The effective date of an adjustment made under this paragraph shall be on or after the~~
31.19 ~~first day of the month following the effective date of the layaway, delicensure and~~
31.20 ~~decertification, or removal from layaway.~~

31.21 ~~(e)~~ (a) Payments for long-term care consultation services are available to ~~the county or~~
31.22 ~~counties and tribal nations that are lead agencies to cover staff salaries and expenses to~~
31.23 ~~provide the services described in subdivision 1a. The county or tribal nation shall employ,~~
31.24 ~~or contract with other agencies to employ, within the limits of available funding, sufficient~~
31.25 ~~personnel to provide long-term care consultation services while meeting the state's long-term~~
31.26 ~~care outcomes and objectives as defined in subdivision 1. The county or tribal nation shall~~
31.27 ~~be accountable for meeting local objectives as approved by the commissioner in the biennial~~
31.28 ~~home and community-based services quality assurance plan on a form provided by the~~
31.29 ~~commissioner.~~

31.30 ~~(f) Notwithstanding section 256B.0641, overpayments attributable to payment of the~~
31.31 ~~screening costs under the medical assistance program may not be recovered from a facility.~~

31.32 ~~(g) The commissioner of human services shall amend the Minnesota medical assistance~~
31.33 ~~plan to include reimbursement for the local consultation teams.~~

32.1 ~~(h) Until the alternative payment methodology in paragraph (i) is implemented, the~~
 32.2 ~~county may bill, as case management services, assessments, support planning, and~~
 32.3 ~~follow-along provided to persons determined to be eligible for case management under~~
 32.4 ~~Minnesota health care programs.~~

32.5 (b) No individual or family member shall be charged for an initial assessment or initial
 32.6 support plan development provided under subdivision 3a or 3b.

32.7 ~~(i) The commissioner shall develop an alternative payment methodology, effective on~~
 32.8 ~~October 1, 2013, for long-term care consultation services that includes the funding available~~
 32.9 ~~under this subdivision, and for assessments authorized under sections 256B.092 and~~
 32.10 ~~256B.0659. In developing the new payment methodology, the commissioner shall consider~~
 32.11 ~~the maximization of other funding sources, including federal administrative reimbursement~~
 32.12 ~~through federal financial participation funding, for all long-term care consultation activity.~~
 32.13 ~~The alternative payment methodology shall include the use of the appropriate time studies~~
 32.14 ~~and the state financing of nonfederal share as part of the state's medical assistance program.~~
 32.15 ~~Between July 1, 2017, and June 30, 2019, the state shall pay 84.3 percent of the nonfederal~~
 32.16 ~~share as reimbursement to the counties. Beginning July 1, 2019, the state shall pay 81.9~~
 32.17 ~~percent of the nonfederal share as reimbursement to the counties.~~

32.18 (c) Beginning July 1, 2020, each year the commissioner shall reimburse each county
 32.19 and tribal nation for long-term care consultation services in an amount equal to the county's
 32.20 prorated share of the total 2020 appropriation for long-term care consultation services minus
 32.21 ... percent. Each county or tribal nation reimbursed under this section must submit to the
 32.22 commissioner by September 1 an annual report documenting how the county or tribal nation
 32.23 spent its reimbursement during the prior state fiscal year.

32.24 Sec. 26. **REPEALER.**

32.25 Minnesota Statutes 2018, section 256B.0911, subdivisions 3c, 3d, and 3e, are repealed.

256B.0911 LONG-TERM CARE CONSULTATION SERVICES.

Subd. 3c. **Consultation for housing with services.** (a) The purpose of long-term care consultation for registered housing with services is to support persons with current or anticipated long-term care needs in making informed choices among options that include the most cost-effective and least restrictive settings. Prospective residents maintain the right to choose housing with services or assisted living if that option is their preference.

(b) Registered housing with services establishments shall inform each prospective resident or the prospective resident's designated or legal representative of the availability of long-term care consultation and the need to receive and verify the consultation prior to signing a lease or contract. Long-term care consultation for registered housing with services is provided as determined by the commissioner of human services. The service is delivered under a partnership between lead agencies as defined in subdivision 1a, paragraph (d), and the Area Agencies on Aging, and is a point of entry to a combination of telephone-based long-term care options counseling provided by Senior LinkAge Line and in-person long-term care consultation provided by lead agencies. The point of entry service must be provided within five working days of the request of the prospective resident as follows:

(1) the consultation shall be conducted with the prospective resident, or in the alternative, the resident's designated or legal representative, if:

(i) the resident verbally requests; or

(ii) the registered housing with services provider has documentation of the designated or legal representative's authority to enter into a lease or contract on behalf of the prospective resident and accepts the documentation in good faith;

(2) the consultation shall be performed in a manner that provides objective and complete information;

(3) the consultation must include a review of the prospective resident's reasons for considering housing with services, the prospective resident's personal goals, a discussion of the prospective resident's immediate and projected long-term care needs, and alternative community services or housing with services settings that may meet the prospective resident's needs;

(4) the prospective resident shall be informed of the availability of a face-to-face visit at no charge to the prospective resident to assist the prospective resident in assessment and planning to meet the prospective resident's long-term care needs; and

(5) verification of counseling shall be generated and provided to the prospective resident by Senior LinkAge Line upon completion of the telephone-based counseling.

(c) Housing with services establishments registered under chapter 144D shall:

(1) inform each prospective resident or the prospective resident's designated or legal representative of the availability of and contact information for consultation services under this subdivision;

(2) receive a copy of the verification of counseling prior to executing a lease or service contract with the prospective resident, and prior to executing a service contract with individuals who have previously entered into lease-only arrangements; and

(3) retain a copy of the verification of counseling as part of the resident's file.

(d) Emergency admissions to registered housing with services establishments prior to consultation under paragraph (b) are permitted according to policies established by the commissioner.

Subd. 3d. **Exemptions.** Individuals shall be exempt from the requirements outlined in subdivision 3c in the following circumstances:

(1) the individual is seeking a lease-only arrangement in a subsidized housing setting;

(2) the individual has previously received a long-term care consultation assessment under this section. In this instance, the assessor who completes the long-term care consultation will issue a verification code and provide it to the individual;

(3) the individual is receiving or is being evaluated for hospice services from a hospice provider licensed under sections 144A.75 to 144A.755; or

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(4) the individual has used financial planning services and created a long-term care plan as defined by the commissioner in the 12 months prior to signing a lease or contract with a registered housing with services establishment.

Subd. 3e. **Consultation at hospital discharge.** (a) Hospitals shall refer all individuals described in paragraph (b) prior to discharge from an inpatient hospital stay to the Senior LinkAge Line for long-term care options counseling. Hospitals shall make these referrals using referral protocols and processes developed under section 256.975, subdivision 7. The purpose of the counseling is to support persons with current or anticipated long-term care needs in making informed choices among options that include the most cost-effective and least restrictive setting.

(b) The individuals who shall be referred under paragraph (a) include older adults who are at risk of nursing home placement. Protocols for identifying at-risk individuals shall be developed under section 256.975, subdivision 7, paragraph (b), clause (12).

(c) Counseling provided under this subdivision shall meet the requirements for the consultation required under subdivision 3c.