

**SENATE  
STATE OF MINNESOTA  
NINETY-SECOND SESSION**

**S.F. No. 3458**

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DATE  
02/24/2022

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act  
1.2 relating to health; amending case mix classification for long-term care facility  
1.3 resident assessment; amending Minnesota Statutes 2021 Supplement, section  
1.4 144.0724, subdivision 4.

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

1.6 Section 1. Minnesota Statutes 2021 Supplement, section 144.0724, subdivision 4, is  
1.7 amended to read:

1.8 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically  
1.9 submit to the federal database MDS assessments that conform with the assessment schedule  
1.10 defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,  
1.11 version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The  
1.12 commissioner of health may substitute successor manuals or question and answer documents  
1.13 published by the United States Department of Health and Human Services, Centers for  
1.14 Medicare and Medicaid Services, to replace or supplement the current version of the manual  
1.15 or document.

1.16 (b) The assessments required under the Omnibus Budget Reconciliation Act of 1987  
1.17 (OBRA) used to determine a case mix classification for reimbursement include ~~the following~~:

1.18 (1) a new admission comprehensive assessment, which must have an assessment reference  
1.19 date (ARD) within 14 calendar days after admission, excluding readmissions;

1.20 (2) an annual comprehensive assessment, which must have an ARD within 92 days of  
1.21 a previous quarterly review assessment or a previous comprehensive assessment, which  
1.22 must occur at least once every 366 days;

2.1 (3) a significant change in status comprehensive assessment, which must have an ARD  
2.2 within 14 days after the facility determines, or should have determined, that there has been  
2.3 a significant change in the resident's physical or mental condition, whether an improvement  
2.4 or a decline, and regardless of the amount of time since the last comprehensive assessment  
2.5 or quarterly review assessment;

2.6 (4) a quarterly review assessment must have an ARD within 92 days of the ARD of the  
2.7 previous quarterly review assessment or a previous comprehensive assessment;

2.8 (5) any significant correction to a prior comprehensive assessment, if the assessment  
2.9 being corrected is the current one being used for RUG classification;

2.10 (6) any significant correction to a prior quarterly review assessment, if the assessment  
2.11 being corrected is the current one being used for RUG classification;

2.12 (7) a required significant change in status assessment when:

2.13 (i) all speech, occupational, and physical therapies have ended. If the most recent OBRA  
2.14 comprehensive or quarterly assessment completed does not result in a case mix classification,  
2.15 then the significant change in status assessment is not required. The ARD of this assessment  
2.16 must be set on day eight after all therapy services have ended; and

2.17 (ii) isolation for an infectious disease has ended. If isolation was not coded on the most  
2.18 recent OBRA comprehensive or quarterly assessment completed, then the significant change  
2.19 in status assessment is not required. The ARD of this assessment must be set on day 15 after  
2.20 isolation has ended; and

2.21 (8) any modifications to the most recent assessments under clauses (1) to (7).

2.22 (c) In addition to the assessments listed in paragraph (b), the assessments used to  
2.23 determine nursing facility level of care include the following:

2.24 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by  
2.25 the Senior LinkAge Line or other organization under contract with the Minnesota Board on  
2.26 Aging; and

2.27 (2) a nursing facility level of care determination as provided for under section 256B.0911,  
2.28 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed  
2.29 under section 256B.0911, by a county, tribe, or managed care organization under contract  
2.30 with the Department of Human Services.