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HOUSE FILE No. 3713

FIRST COMMITTEE ENGROSSMENT

March 18, 2010

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The bill was read for the first time and referred to the Committee on Finance

Referred by Chair to Health Care and Human Services Finance Division.

March 25, 2010

Returned to the Committee on Finance as Amended.

1.1 A bill for an act
1.2 relating to human services; expanding medical assistance eligibility to include
1.3 certain adults without children; providing medical assistance coverage of
1.4 health home services; appropriating money; including a repealer; amending
1.5 Minnesota Statutes 2008, sections 256B.055, by adding a subdivision; 256B.056,
1.6 subdivision 4; proposing coding for new law in Minnesota Statutes, chapter
1.7 256B.

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

1.9 Section 1. Minnesota Statutes 2008, section 256B.055, is amended by adding a
1.10 subdivision to read:

1.11 Subd. 15. **Adults without children.** Medical assistance may be paid for a person
1.12 who is over age 21 and under age 65, who is not pregnant, and who is not described in
1.13 subdivision 4, 7, or another subdivision of this section.

1.14 **EFFECTIVE DATE.** This section is effective April 1, 2010.

1.15 Sec. 2. Minnesota Statutes 2008, section 256B.056, subdivision 4, is amended to read:

1.16 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under
1.17 section 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of
1.18 the federal poverty guidelines. Effective January 1, 2000, and each successive January,
1.19 recipients of supplemental security income may have an income up to the supplemental
1.20 security income standard in effect on that date.

1.21 (b) To be eligible for medical assistance, families and children may have an income
1.22 up to 133-1/3 percent of the AFDC income standard in effect under the July 16, 1996,
1.23 AFDC state plan. Effective July 1, 2000, the base AFDC standard in effect on July 16,
1.24 1996, shall be increased by three percent.

2.1 (c) Effective July 1, 2002, to be eligible for medical assistance, families and children
2.2 may have an income up to 100 percent of the federal poverty guidelines for the family size.

2.3 (d) In computing income to determine eligibility of persons under paragraphs (a)
2.4 to (c) and (e) who are not residents of long-term care facilities, the commissioner shall
2.5 disregard increases in income as required by Public Law Numbers 94-566, section 503;
2.6 99-272; and 99-509. Veterans aid and attendance benefits and Veterans Administration
2.7 unusual medical expense payments are considered income to the recipient.

2.8 (e) Effective January 1, 2011, to be eligible for medical assistance, a person eligible
2.9 under section 256B.055, subdivision 15, may have income up to 75 percent of the federal
2.10 poverty guidelines for family size.

2.11 **EFFECTIVE DATE.** This section is effective April 1, 2010.

2.12 Sec. 3. **[256B.0755] COORDINATED CARE THROUGH A HEALTH HOME.**

2.13 **Subdivision 1. Provision of coverage.** (a) The commissioner shall provide
2.14 medical assistance coverage of health home services for eligible individuals with chronic
2.15 conditions who select a designated provider, a team of health care professionals, or a
2.16 health team as the individual's health home.

2.17 (b) The commissioner shall implement this section in compliance with the
2.18 requirements of the state option to provide health homes for enrollees with chronic
2.19 conditions, as provided under the Health Care and Education Reconciliation Act of 2010
2.20 (H.R. 4872/Public Law). Terms used in this section have the meaning provided
2.21 in that act.

2.22 **Subd. 2. Eligible individual.** An individual is eligible for health home services
2.23 under this section if the individual is otherwise eligible for medical assistance under
2.24 this chapter and has at least: (1) two chronic conditions; (2) one chronic condition and
2.25 is at risk of having a second chronic condition; or (3) one serious and persistent mental
2.26 health condition.

2.27 **Subd. 3. Health home services.** (a) Health home services means comprehensive and
2.28 timely high-quality services that are provided by a health home. These services include:

2.29 (1) comprehensive care management;

2.30 (2) care coordination and health promotion;

2.31 (3) comprehensive transitional care, including appropriate follow-up, from inpatient
2.32 to other settings;

2.33 (4) patient and family support, including authorized representatives;

2.34 (5) referral to community and social support services, if relevant; and

2.35 (6) use of health information technology to link services, as feasible and appropriate.

3.1 (b) The commissioner shall maximize the number and type of services
3.2 included in this subdivision to the extent permissible under federal law, including
3.3 physician, outpatient, mental health treatment, and rehabilitation services necessary for
3.4 comprehensive transitional care following hospitalization.

3.5 Subd. 4. **Payments.** The commissioner shall make payments to each health
3.6 home for the provision of health home services to each eligible individual with chronic
3.7 conditions that selects the health home as a provider.

3.8 Subd. 5. **Coordination.** The commissioner, to the extent feasible, shall ensure that
3.9 the requirements and payment methods for health homes developed under this section are
3.10 consistent with the requirements and payment methods for health care homes established
3.11 under section 256B.0751. The commissioner may modify requirements and payment
3.12 methods under section 256B.0751, in order to be consistent with federal health home
3.13 requirements and payment methods.

3.14 Subd. 6. **State plan amendment.** The commissioner shall submit a state plan
3.15 amendment to implement this section to the federal Centers for Medicare and Medicaid
3.16 Services by January 1, 2011.

3.17 **EFFECTIVE DATE.** This section is effective January 1, 2011, or upon federal
3.18 approval, whichever is later.

3.19 **Sec. 4. APPROPRIATIONS.**

3.20 (a) \$..... is appropriated from the general fund for the biennium ending June 30,
3.21 2011, to the commissioner of human services to implement sections 1 and 2.

3.22 (b) \$..... is appropriated from the health care access fund for the biennium ending
3.23 June 30, 2011, to the commissioner of human services to implement sections 1 and 2.

3.24 **Sec. 5. REPEALER.**

3.25 Laws 2010, chapter (GAMC bill), is repealed effective April 1, 2010.