

**TO:** Persons Interested In Disability Legislation

**FROM:** Anne L. Henry with substantial help from Kathleen McDonough, Legal Services Advocacy Project

**RE:** 2005 Disability-Related Health and Human Services Provisions, Special and Regular Sessions Expanded Version. NOTE: This summary is likely to be updated over the next few weeks, check our website for the latest version: [www.mndlc.org](http://www.mndlc.org).

**DATE:** August 2, 2005

The 2005 regular legislative session ended May 23, 2005, without passing budget bills for health and human services, education or transportation. The 2005 special session ended July 13, 2005 after a partial state government shutdown. The final Health and Human Services budget for the 2006-2007 biennium is \$9.03 billion, about 25 percent of the state's budget. The final bill uses new revenue from a cigarette health impact fee/tax (which raises \$401 million) to preserve MNCARE eligibility, to lift the \$5,000 outpatient services annual benefit limit, to fund a cost-of-living increase for community service and long-term care providers, and many other important changes detailed below. The summary covers health and human services issues from both the special session and the regular session.

## **I. 2005 SPECIAL SESSION**

### **A. CONTINUING CARE FOR PERSONS WITH DISABILITIES**

#### **PERSONAL CARE ASSISTANT (PCA) SERVICES CHANGES.**

*First Special Session, Chapter 4, Article 7, Sections 14-19*

*Amends Minn. Stat. §§ 256B.0625, subd. 19c and 286B.0627, subds. 1, 4, 5, 9 and by adding a new subd. 18*

***Effective August 1, 2005***

Changes increase documentation requirements for providers, and limit flexible use of hours to no more than six months at a time and only for those who can stay within the allotted plan. These changes will save the state over \$6 million in 2006-2007 (\$12 million reduction with federal Medicaid funds) due to reduced use of PCA service.

#### **WAIVER CASELOAD LIMITS**

*First Special Session, Chapter 4, Article 9, Section 2, subd. 8(d)*

*Rider Language*

***Effective July 1, 2005***

The Governor's proposed caseload limits for CADI (nursing facility alternatives), TBI (brain injury alternatives) and DD (intermediate care facility for mental retardation or a related condition, ICF/MR, alternatives) waivers were adopted. This cut in waiver funding reduces state spending by \$52.7 million for the '06-'07 biennium resulting in a

loss of over \$105 million dollars including federal Medicaid matching funds in new needed services.

### **COST-OF-LIVING (COLA) INCREASE FOR PROVIDERS**

*First Special Session, Chapter 4, Article 7, Section 55 and Article 9, Section 45  
Amends Minn. Stat. § 256B.5012*

***Effective August 1, 2005 with rate increases October 1, 2006 and 2007***

All long-term care and community service providers received a cost-of-living increase for each year of the next biennium in the amount of 2.26 percent per year for the biennium, effective October 1 each year. The COLA costs \$76 million in state funds for the biennium.

### **HOME CARE SKILLED VISITS RATE INCREASE**

*First Special Session, Chapter 4, Article 7, Section 47  
Adds Minn. Stat. § 256B.762*

***Effective October 1, 2005***

Home care skilled visit rates covering physical therapy, occupational therapy, speech, nurse visits and home health aid visits were increased 5 percent (in addition to the provider COLA). \$1.3 million for '06-'07.

### **TRANSITION SUPPORTS FUNDING ADDED TO WAIVERS**

*First Special Session, Chapter 4, Article 7, Section 44  
Amends Minn. Stat. § 256B.49, subd. 16*

***Effective upon federal approval***

*First Special Session, Chapter 4, Article 8, Section 46*

*Amends Min. Stat. § 256B.0916 by adding a new subdivision 10*

***Effective upon federal approval***

The Department of Human Services (DHS) has already submitted this federal waiver amendment for the CADI, TBI and DD waivers which will allow persons a one-time payment of up to \$3,000 to cover specified costs of setting up a home including rent, deposits, utility set-up costs, personal supports and transportation to locate a home.

### **CASE MANAGEMENT FOR PERSONS RELOCATING FROM NURSING FACILITIES TO COMMUNITY SERVICES**

*First Special Session, Chapter 4, Article 7, Sections 6-11  
Amends Minn. Stat. § 256B.0621, subds. 2, 3, 4, 5, 6 and 7*

***Effective August 1, 2005***

A significant change which will allow private providers in addition to counties to enroll as targeted relocation case management providers was adopted. The change results in state savings because DHS estimates an increase in the number leaving nursing facilities.

**NAMES OF PERSONS IN NURSING FACILITIES TO CENTERS FOR INDEPENDENT LIVING (CIL) FOR ASSISTANCE**

*First Special Session, Chapter 4, Article 7, Section 11  
Amends Minn. Stat. § 256B.0621 by adding a new subdivision 11  
Effective August 1, 2005*

Names of persons in nursing homes who have stated that they want to leave will be provided to their regional Center for Independent Living. Steps will be taken to protect the privacy of these individuals.

**ICF/MR COUNTY SHARE**

*First Special Session, Chapter 4, Article 2, Section 14  
Amends Minn. Stat. § 256B.19, subd. 1  
Effective July 15, 2005*

Effective July 15, 2005, the county share of ICF/MR costs for facilities larger than six beds was reduced from 10 percent to 5 percent for a cost of \$10.2 million (which is a savings for the counties and a cost to the state).

**GROUP RESIDENTIAL HOUSING (GRH) COMMUNITY LIVING ALLOWANCE INCREASE**

*First Special Session, Chapter 4, Article 7, Section 48  
Amends Minn. Stat. § 256I.06 by adding a new subdivision 9*

A community living allowance for persons living in group residential housing (not nursing facilities or ICF/MR) was funded at \$12 per month for a state cost of \$4.7 million for '06-'07. This community living allowance will help persons with medication co-payments, which now have a limit of \$12 per month. *See # 19.*

**U SPECIAL KIDS CARE MANAGEMENT EXPANDED**

*First Special Session, Chapter 4, Article 8, Section 44  
Amends Minn. Stat. § 256B.075, subd. 2  
Effective July 15, 2005*

The pilot intensive care management program at the University of Minnesota for children with complex and chronic health conditions will be expanded beyond the metro area. Over the biennium, the expanded program will save \$7,000.

**REGION 10 QUALITY ASSURANCE**

*First Special Session, Chapter 4, Article 7, Sections 24, 25, 26 and 27  
Amends Minn. Stat. § 256B.095  
Effective July 1, 2005*

The Region 10 quality assurance effort for Southeastern Minnesota received continued funding of \$151,000 per year and was extended to 2009.

## **DEVELOPMENT OF REGIONAL OR LOCAL QUALITY ASSURANCE MODELS**

*First Special Session, Chapter 4, Article 7, Section 57*

*Uncodified*

***Effective August 1, 2005***

The Commissioner of DHS will arrange for a study and make recommendations on quality assurance models statewide. The report is due to relevant legislative committees July 1, 2006 and proposed legislation is due December 15, 2006. Funding of \$102,000 was provided.

## **CONSUMER-DIRECTED COMMUNITY SUPPORTS (CDCS) BUDGET EXCEPTION PROVISION FOR DD WAIVER**

*First Special Session, Chapter 4, Article 7, Section 50*

*Uncodified*

***Effective upon federal approval of amendment to be submitted by October 1, 2005***

Language requires DHS to apply for a federal amendment to implement an exception process for those whose DD waiver CDCS budgets will be reduced beginning in October. The exception is limited to those whose budgets are cut to the extent that they will receive less hours of staffing and pay more administrative costs. The timing of this exception is very tight because DHS is required to submit the amendment by October 1, 2005, yet reductions also begin in October 2005.

## **CDCS ALLOWED PURCHASES CAN INCLUDE PHYSICAL ACTIVITIES FOR ADULTS**

*First Special Session, Chapter 4, Article 7, Section 51*

*Uncodified*

***Effective upon federal approval***

DHS is directed by the Legislature to amend its CDCS waiver plans to include physical activities for adults to maintain or improve health as an allowable activity for which waiver funds can be expended. The amendment must be submitted by DHS to the Center for Medicaid and Medicare Services (CMS) by October 2005.

## **CASE MANAGEMENT SERVICES REDESIGN STUDY**

*First Special Session, Chapter 4, Article 7, Section 59*

*Uncodified*

***Effective August 1, 2005***

The Commissioner of DHS is required to report by December 15, 2006, on the redesign of Case Management Services developed in consultation with stakeholder groups. The effort was funded for \$35,000 each year of the biennium.

## **DISABILITY SERVICES INTERAGENCY WORK GROUP ESTABLISHED**

*First Special Session, Chapter 4, Article 7, Section 58*

*Uncodified*

*Effective August 1, 2005*

A work group including the Department of Human Services and the Housing Finance Agency with the Council on Disability are charged with convening a work group to develop recommendations for improvements in housing, transportation, services and funding for persons with disabilities seeking to relocate from or avoid placement in an institution. The work group funding is \$210,000 with a report due October 15, 2006.

## **STATE-OPERATED SERVICES ADULT MENTAL HEALTH TRANSITION**

*First Special Session, Chapter 4, Article 5 Sections 4, 5, 10*

*Amends Minn. Stat. §§ 245.4661, subd. 2, 6 and 246.0135*

*Effective July 15, 2005*

The Governor's proposal to transition from RTC's to community mental health services was funded at the requested amount of \$17.3 million.

## **LONG-TERM CARE PARTNERSHIP**

*First Special Session, Chapter 4, Article 7, Section 5*

*Amends Minn. Stat. § 256B.0571*

*Effective upon Federal Approval*

The Departments of Human Services and Commerce must establish a partnership to provide financing for long-term care through a combination of private insurance and Medical Assistance. Individuals participating in the partnership must purchase a long-term care insurance policy that meets specified requirements. Subsequently, individuals with long-term care policies are eligible for asset exemptions that exceed those currently provided by Medical Assistance.

## **B. HEALTH CARE**

### **1. Out-of-Pocket Costs**

#### **MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE MEDICAL CARE (GAMC) CO-PAYMENT OUT-OF-POCKET LIMIT FOR MEDICATION**

*First Special Session, Chapter 4, Article 8, Sections 41 and 53*

*Amends Minn. Stat. §§ 256B.0631, subd. 1 and 256D.03, subd. 4*

*Effective January 1, 2006*

The out-of-pocket maximum co-payment amount for medications was reduced from \$20 per month to \$12 per month for MA and GAMC. The prescription drug co-payment limit for MinnesotaCare did not change and remains at \$20.

### **GAMC VISIT CO-PAYMENT ELIMINATED**

*First Special Session, Chapter 4, Article 8, Section 53*

*Amends Minn. Stat. § 256D.03, subd. 4*

***Effective January 1, 2006***

The GAMC \$3 co-payment for doctor and clinic visits was eliminated. Provider rates for visits, including managed care, will not be increased as a result of the co-payment elimination.

### **MINNESOTACARE CO-PAYMENTS**

*First Special Session, Chapter 4, Article 8, Section 59*

*Amends Minn. Stat. § 256L.03, subd. 5*

***Effective January 1, 2006***

Adds co-payments of \$3 for medical office visits and \$6 for non-emergency visits to a hospital emergency room for adults without children with income no greater than 75 percent of the federal poverty guidelines (FPG) and parents. These co-payments were mistakenly left out of the 2003 Health and Human Services bill. Co-payments for adults without children with income between 75 percent and 175 percent FPG are governed separately by Minn. Stat. § 256L.035(a)(3).

### **MA FOR EMPLOYED PERSONS WITH DISABILITIES (MA-EPD) SOCIAL SECURITY COLA RECOGNITION DATE CHANGED**

*First Special Session, Chapter 4, Article 7, Section 4*

*Amends Minn. Stat. § 256B.057, subd. 9*

***Effective August 1, 2005***

Social Security increases will now be counted on July 1 when the annual premium schedule increases for MA-EPD take effect.

## **2. Health Services/Benefits**

### **ELIMINATION OF \$500 ANNUAL DENTAL LIMIT FOR MA, GAMC AND MINNESOTACARE BELOW 75 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL)**

*First Special Session, Chapter 4, Article 8, Sections 32, 53 and 57*

*Amends Minn. Stat. § 256B.0625, subd. 9, § 256D.03, subd. 4, § 256L.03, subd. 1*

***Effective January 1, 2006***

The \$500 limit on dental services for adults on MA, GAMC and those adults on MinnesotaCare with incomes below 75 percent FPL was eliminated for a biennial cost of \$2.3 million state funds. MinnesotaCare adults without children with income between 75 & 175% of the federal poverty level are not eligible for dental services.

**MINNESOTACARE \$5,000 OUTPATIENT SERVICES BENEFIT LIMIT  
REMOVED AND SERVICES ADDED**

*First Special Session, Chapter 4, Article 8 Section 60  
Amends Minn. Stat. § 256L.04, subd. 7  
Effective January 1, 2006*

The \$5,000 annual outpatient services limit was removed for MinnesotaCare adults without children with incomes from 75 percent to 175 percent of the FPL. Also, diabetic supplies, psychologists and licensed independent clinical social workers were added as covered services. The cost of these changes is \$40.5 million for the biennium.

**PRIOR AUTHORIZATION OF CERTAIN MA, GAMC AND MNCARE  
SERVICES IN MANAGED CARE**

*First Special Session, Chapter 4, Article 8, Section 82  
Uncodified  
Effective July 15, 2005 and expires July 1, 2007*

Prior authorization restrictions will apply to a new list of services including spinal fusion, except in an emergency, bariatric surgery, PET, MRI and CT scans, orthodontia, C-sections and ear tubes, except in emergencies and hysterectomies. Savings of \$4.3 million are associated with these prior authorization provisions which will apply to managed care health plans (PMAP) for public programs. In fee-for-service MA, these health procedures are, for the most part, already prior authorized.

**HOSPITAL RATE CUT**

*First Special Session, Chapter 4, Article 8, Section 12  
Amends Minn. Stat. § 256.969, subd. 3a  
Effective August 1, 2005*

Hospital rates for inpatient services only were reduced. Three specialty pediatric hospital and GAMC rates were not reduced. This rate reduction for hospitals saves \$58 million for the biennium.

**SERVICES PROVIDED IN A HOSPITAL EMERGENCY ROOM**

*First Special Session, Chapter 4, Article 8, Sections 29  
Amends Minn. Stat. § 256B.0625 by adding new subd. 1a  
Effective October 1 2005*

Provides that Medical Assistance does not cover visits or services in a hospital emergency room that are not for emergencies, post stabilization or urgent care.

**SPECIAL TRANSPORTATION RATE CHANGES**

*First Special Session, Chapter 4, Article 8, Section 40  
Amends Minn. Stat. § 256B.0625, subd. 17  
Effective August 1, 2005*

A rate increase for stretcher-accessible vehicle transport and a rate decrease for wheelchair accessible and other vehicles was adopted. The rate changes result in savings of \$243,000 for the biennium.

## **SPECIAL TRANSPORTATION BROKER CONTRACT AND TASK FORCE**

*First Special Session, Chapter 4, Article 8, Sections 80 and 81*

*Uncodified*

***Effective July 15, 2005***

The broker system will not be expanded statewide before July 2006. A task force on non-emergency transportation including representatives of special transportation providers and persons with disabilities is established.

## **TREATMENT FOSTER CARE AND TRANSITIONAL YOUTH INTENSIVE REHABILITATIVE SERVICES ADDED TO CHILDREN'S MENTAL HEALTH SERVICES**

*First Special Session, Chapter 4, Article 2, Sections 4, 5, 6, 9, 12 and 13*

*Amends Minn. Stat. §§ 245.4874, 4885, subds. 1, 2 and adding a new subdivision 1a, 256B.0625, subd. 47 and 256B.0946 and 256B.0947*

***Effective July 1, 2006***

The Governor's mental health improvements including treatment foster care and assertive community treatment for youth were adopted and funded at \$3.4 million for the biennium.

## **MENTAL HEALTH TELEMEDICINE AND PSYCHIATRIC CONSULTATION**

*First Special Session, Chapter 4, Article 2, Sections 8 and 10*

*Amends Minn. Stat § 256B.0625 by adding subds. 46 and 48*

***Effective July 1, 2006***

Medical Assistance will cover two-way interactive video consultation between a psychiatrist and patient for mental health services and case consultation for psychiatrists and primary care physicians by phone, email, fax or other means upon federal approval.

## **ORAL HEALTH CARE PILOT PROJECT**

*First Special Session, Chapter 4, Article 8, Section 83*

*Uncodified*

***Effective July 15, 2005***

DHS must implement a two-year pilot project to provide dental services for state program recipients through a new oral health care delivery system. DHS must contract with a qualified entity to administer the pilot project.

### **3. Health Care Eligibility Items**

#### **REDUCING EXCESS ASSETS FOR MEDICAL ASSISTANCE ELIGIBILITY**

*First Special Session, Chapter 4, Article 8, Section 20*

*Amends Minn. Stat. § 256B.056 by adding new subd. 3d*

***Effective retroactive to July 1, 2005***

Provides that when assets exceed Medical Assistance eligibility limits they may be reduced in any of the three months before application by (1) designating burial funds up

to \$1,500; and (2) paying health care bills incurred in the 3-month retroactive period. Beginning in the month of application assets may be reduced by (1) paying bills for health services that would otherwise be paid by Medical Assistance; and (2) using any means other than a transfer of assets for less than fair market value.

### **MEDICAL ASSISTANCE ELIGIBILITY VERIFICATION**

*First Special Session, Chapter 4, Article 8, Section 26*

*Amends Minn. Stat. § 256B.056 by adding new subd. 10*

***Effective September 1, 2005 or upon federal approval, whichever is later.***

(1) Requires women who apply for continuation of Medical Assistance after the 60-day postpartum period to verify income and assets. (2) Requires DHS to pay for cost-effective coverage for infants less than one year of age who are eligible for automatic newborn coverage. (3) Requires DHS to modify the health care application to require more detailed information about income and assets. (4) Requires public health care program recipients to report and verify increased income within ten days. Failure to report and verify income increases will result in dis-enrollment.

### **AVAILABILITY OF INCOME FOR MEDICAL ASSISTANCE FOR INSTITUTIONALIZED PERSONS**

*First Special Session, Chapter 4, Article 8, Section 27*

*Amends Minn. Stat. § 256B.0575*

***Effective retroactive to July 1, 2005***

Provides that for Medical Assistance eligibility, in counting income that is deducted from the institutionalized person's income, reasonable expenses incurred for necessary medical or remedial care are limited to expenses that have not previously been used as a deduction and are incurred during the current period of eligibility.

### **MEDICAL ASSISTANCE FOR PERSONS DETAINED BY LAW**

*First Special Session, Chapter 4, Article 8 Section 19*

*Amends Minn. Stat. § 256B.055 by adding new subd. 14*

***Effective retroactive to July 1, 2005***

Allows Medical Assistance eligibility for inmates of a correctional facility who are conditionally released if the individual does not require the security of a public detention facility and lives in a halfway house or community correction center or is under house arrest.

### **GENERAL ASSISTANCE MEDICAL CARE (GAMC) REFORM**

*First Special Session, Article 8, Sections 52, 64 & 76*

*Amends Minn. Stat. §§ 256D.03, subd. 3; 256L.05 by adding new subd. 1b; & 256L.15 by adding new subd. 4.*

***Effective September 1, 2006***

#### Eligibility for GAMC

GAMC may only be paid for a temporary period of six months unless the person

- a) is receiving General Assistance or Group Residential Housing; b)

- b) has applied for and is awaiting a determination of blindness or disability by the State Medical Review Team , Supplemental Security Income or Social Security Disability; or
- c) does not meet MinnesotaCare residency requirements.

#### MinnesotaCare Applications & Renewals

- 1) Immediately following GAMC approval, enrollees shall be enrolled in MinnesotaCare.
- 2) Counties must process MinnesotaCare applications and renewals submitted by GAMC enrollees.

#### Premiums

County agencies must pay MinnesotaCare premiums for adults without children formerly enrolled in GAMC for six months. Counties have the option of continuing to pay the premiums after the six-month renewal.

### **INSURANCE BARRIERS AND PREMIUM EXCEPTIONS FOR FORMER GAMC ENROLLEES**

*First Special Session, Chapter 4, Article 8, Sections 72 & 77*

*Amends Minn. Stat. §§ 256L.07 by adding new subd. 6 & 256L.17*

***Effective September 1, 2006***

Adults without children previously enrolled in General Assistance Medical Care who are required to enroll in MinnesotaCare are exempt from insurance barriers and premiums requirements for six months.

## **4. Medication Coverage Related Changes**

### **MEDICATION THERAPY MANAGEMENT CARE ADDED TO MEDICAL ASSISTANCE**

*Chapter 4, Article 7, Section 39*

*Amends Minn. Stat. § 256B.0625 by adding a new subdivision 13h*

***Effective August 1, 2005***

Medication Therapy Management has been added as a new service to MA and GAMC for persons taking four or more prescriptions to treat two or more chronic conditions. The new service will reimburse pharmacists for assessing health status, formulating a plan and evaluation, including of safety and effectiveness of medication, for patient. An advisory committee on this new service is established and an evaluation of its effect is due to the legislature by December 15, 2007.

### **MEDICARE PART D DRUG SUBSIDY**

*Chapter 4, Article 8, Section 18*

*Amends Minn. Stat. § 256B.04 by adding a new subdivision, 4a.*

***Effective July 1, 2005***

The Commissioner is required to administer eligibility determinations and facilitate enrollment for MA recipients eligible for Medicare Part “D” Drug Coverage.

## **PRESCRIPTION DRUG ASSISTANCE**

*First Special Session, Chapter 4, Article 8, Section 16*

*Amends Minn. Stat. § 256.975*

***Effective January 1, 2006***

Eliminates the requirement for the Board on Aging to coordinate enrollment of individuals who are referred to programs offered by pharmaceutical manufacturers that provide free or discounted prescription drugs. This change coincides with the implementation of the Medicare Part D prescription drug program.

## **DRUGS COVERED BY MEDICARE PART D**

*First Special Session, Chapter 4, Article 8, Section 33*

*Amends Minn. Stat. § 256B.0625, subd. 13*

***Effective January 1, 2006***

Provides that, for individuals eligible for Medicare Prescription Drug Coverage, Medical Assistance (MA) will no longer cover drugs, except for the following drugs:

- Benzodiazepines
- Barbiturates
- Over-the-counter drugs that are currently covered by MA
- Certain prescription and over-the-counter drugs used for symptomatic relief of cough and colds
- Certain over-the-counter and prescription vitamin and mineral products

## **DRUG FORMULARY**

*First Special Session, Chapter 4, Article 8, Section 36 & 38*

*Amends Minn. Stat. § 256B.0625, subd. 13d & 13f*

***Varying Effective Dates***

(1) Provides that, effective September 1, 2005, Medical Assistance, General Assistance Medical Care and MinnesotaCare do not cover drugs used for the treatment of impotence or erectile dysfunction. (2) Provides that, effective August 1, 2005, prior authorization shall automatically be granted for 60 days for name brand drugs prescribed for treatment of mental illness within 60 days of when a generically equivalent drug becomes available, provided that the name brand drug was part of the course of treatment at the time the generically equivalent drug became available.

## **PRESCRIPTION DRUG PROGRAM REPEALED**

*First Special Session, Chapter 4, Article 8, Section 88*

*Uncodified*

***Effective January 1, 2006***

The Prescription Drug Program is repealed. The Program ends on the date Medicare Part D takes effect

## **5. Health Related Miscellaneous**

### **PLANNING PROCESS FOR MANAGED CARE FOR PERSONS WITH DISABILITIES**

*First Special Session, Chapter 4, Article 8, Section 85*

*Uncodified*

***Effective July 15, 2005***

Requires DHS to develop a planning process for implementing at least one additional managed care arrangement to provide services for Medical Assistance enrollees in the fee-for-service program (persons with disabilities). The planning process shall include an advisory committee composed of current fee-for-service enrollees, consumer advocates, health plan representatives and providers.

### **CHANGES TO DHS APPEALS STATUTE AND HEALTH PLAN UTILIZATION REVIEW APPEALS**

*Special Session, Chapter 4, Article 8, Section 82*

*Uncodified but affects appeals under Minn. Stat. § 62M.06, subd. 2, 3 and Minn. Stat. § 256.045, subd. 3a*

***Effective July 15, 2005 and expires July 1, 2007***

Health Plan and DHS appeal provisions have been changed, to be effective only for this biennium, associated with the changes listed for prior authorization in B. #22. Evidence-based criteria must be considered in an appeal when a health plan uses those criteria to deny a health service. Managed care health plan proposals to shift the burden of proof and change the evidentiary standard from “preponderance of the evidence” to “clear and convincing” were not adopted.

### **NOTICE OF CLAIMS FOR COST OF MEDICAL CARE**

*First Special Session, Chapter 4, Article 8, Section 25*

*Amends Minn. Stat. § 256B.056 by adding new subd. 9*

***Effective August 1, 2005***

Provides that Medical Assistance applicants and recipients must notify the state or local agency of any possible claims against a person, entity or corporation that may be liable to pay for the cost of medical care.

## **C. DISABILITY-RELATED PROVISIONS**

### **PARENT FEE REDUCTION**

*First Special Session, Chapter 4, Article 3, Section 5*

*Amends Minn. Stat. § 252.27, subd. 2a*

***Effective July 1, 2005***

Parent fees for those with incomes between 175 percent and 545 percent and between 675 percent and 975 percent FPL will be reduced. The cost of this change is \$2.6 million in state funds, including the cost DHS estimated for increased enrollment of families due to a decrease in fees. With this change, families affected will pay about \$2 million per year less in fees, or about 23 percent less overall.

**MINNESOTA FAMILY INVESTMENT PLAN (MFIP)/SUPPLEMENTAL SECURITY INCOME (SSI) FAMILIES LIMITED TO \$125 REDUCTION**

*Chapter 4, Article 3, Section 14*

*Amends Minn. Stat. § 256J.37, subd. 36*

***Effective the first day of the second month after the date of approval by the U.S.***

***Department of Agriculture***

Families receiving MFIP, which include a member or members also receiving SSI, will now be cut no more than \$125 per month or less if their SSI grant is less. This change restores \$3.3 million over the biennium to about 1,300 low-income families affected by disabilities.

**SUPPORTIVE SERVICES FOR ADULTS AND YOUTH WHO ARE HOMELESS**

*Chapter 4, Article 3, Section 16*

*Adds new section § 256K.26*

***Effective July 1, 2005***

The Governor's proposal to provide supportive services to those who are homeless was adopted and funded for \$10 million for the biennium.

**SHELTER NEEDY PAYMENTS EXPANDED TO INCLUDE ADULT MENTAL HEALTH RESIDENTIAL TREATMENT**

*Chapter 4, Article 2, Section 6*

*Amends Minn. Stat. § 256D.44, subd 5*

***Effective January 1, 2006***

The special needs Minnesota Supplemental Aid payments for those moving from nursing facilities will also be available to those relocating from adult mental health residential treatment facilities under § 256B.0622.

**COUNTY CHILDREN AND COMMUNITY SERVICES ACT (CSSA) FUNDS CUT**

*First Special Session, Chapter 4, Article 5, Section 14*

*Amends Minn. Stat. § 256M.40, subd. 2*

***Effective July 15, 2005***

Fifty million dollars that was slated for counties for social services from cuts made in 2003 were completely eliminated.

**STATE AGENCY HEARINGS**

*First Special Session, Chapter 4, Article 8, Section 8*

*Amends Minn. Stat. § 256.045, subd. 3*

***Effective retroactive to July 1, 2005***

1) Amends the law to provide state agency hearings for applicants aggrieved by an adverse decision on an application or redetermination of eligibility for the Medicare Part D prescription drug subsidy. 2) Eliminates the requirement for health plans to notify the ombudsman when a recipient files a complaint due to a denial, reduction or termination of services. 3) Allows DHS to initiate an administrative fraud disqualification hearing when

the state agency is responsible for administration of a health care program for which health benefits were wrongfully obtained.

## **II. 2005 REGULAR SESSION DISABILITY RELATED PROVISIONS**

### **HEALTH SERVICES POLICY COMMITTEE AND MEDICAL DIRECTOR FOR DHS**

*Chapter 155, Article 3, Sections 2, 3 and 4*

*Amends Minn. Stat. § 256B.0625*

***Effective July 1, 2005***

The regular 2005 Session adopted DHS proposed provisions to establish a Medical Review Policy Committee and a new Medical Director to better manage medical benefit decisions for public health programs.

### **TERMINOLOGY CHANGES FOR DEVELOPMENTAL DISABILITIES**

*Chapter 56*

*Uncodified*

***Effective August 1, 2005***

Instructs the reviser to change various terms in the statutes such as mental retardation to developmental disability and handicapped to disabled. Rule language will be changed after a review led by the Governor's Council on Developmental Disabilities.

### **INFORMATION SERVICE FOR PERSONS WHO ARE BLIND AND DISABLED**

*Chapter 81*

*Amends Minn. Stat. §§ 237.52, 248.061 and .062*

***Effective May 25, 2005***

Establishes an accessible electronic information service for persons who are blind and disabled under the Commissioner of the Department of Energy and Economic Development. Also affects closed captioning of television programs.

### **REVISOR'S BILL FOR THE UNIFORM GUARDIANSHIP AND PROTECTIVE PROCEEDINGS ACT**

*Chapter 10*

*Amends Minn. Stat. §§ 524.5-101 to 524.5-502*

***Effective August 1, 2005***

Makes terminology changes and corrects obsolete cross references to the 2003 Act, includes DHS rules 9520, 9525.004, 9525.3020, 9555.

## **DAY TRAINING AND HABILITATIVE SERVICES PURCHASING**

*Chapter 9*

*Amends Minn. Stat. §§ 16C.10 and 471.59*

***Effective March 15, 2005***

State agencies can purchase services from day training and habilitation (DT&H) programs without using the usual solicitation process.

## **CAMBRIDGE CENTER NAMED GARDEN OF REMEMBRANCE**

*Regular Session, Chapter 29*

*Adds Minn. Stat. § 246.325*

***Effective August 1, 2005***

The cemetery at Cambridge State Hospital is officially named Garden of Remembrance. The cost of a new sign is to be paid with non-state funds.

## **CRIMINAL BACKGROUND STUDY CHANGES FOR STAFF**

*Regular Session, Chapter 136, Article 6, Sections 1-7*

*Amends Minn. Stat. 245C.13, .15, .17, .22*

***Effective July 1, 2005***

All direct care staff, including in-home staff, must complete the background study process before they can work without direct and continuous supervision.