

This Document can be made available
in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 2159

March 15, 2007

Authored by Abeler and Huntley

The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to human services; requiring certain medical assistance enrollees who
1.3 are children with high-cost medical conditions to receive integrated health care
1.4 coordination and social support services through the U special kids program;
1.5 appropriating money; proposing coding for new law in Minnesota Statutes,
1.6 chapter 256B.

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

1.8 Section 1. **[256B.0751] CARE COORDINATION FOR CHILDREN WITH**
1.9 **HIGH-COST MEDICAL CONDITIONS.**

1.10 Subdivision 1. Care coordination required. (a) The commissioner of human
1.11 services shall contract with the U special kids program to provide care coordination,
1.12 beginning October 1, 2007, for medical assistance enrollees who are children with
1.13 high-cost medical conditions, and to perform the other duties specified in this section.

1.14 (b) For purposes of this section, "care coordination" means collaboration with
1.15 primary care physicians and specialists to manage care, development of medical
1.16 management plans for recurrent acute illnesses, oversight and coordination of all aspects
1.17 of care in partnership with families, organization of medical information into a summary
1.18 of critical information, coordination and appropriate sequencing of tests and multiple
1.19 appointments, information and assistance with accessing resources, and telephone triage
1.20 for acute illnesses or problems.

1.21 Subd. 2. Referrals. The commissioner shall develop a mechanism to refer
1.22 children to the U special kids program for care coordination. Beginning October 1, 2007,
1.23 and subject to the limits on total program enrollment specified in subdivision 3, the
1.24 commissioner shall refer to the U special kids program children who:

1.25 (1) incur medical expenses that exceed the qualifying level specified in subdivision 3;

2.1 (2) have medical conditions that involve four or more major systems; require
2.2 multiple specialists; use of technology such as G-tube, trach, central line, or oxygen; and
2.3 multiple medications; and

2.4 (3) do not have a medical case manager for cancer, organ transplantation, epilepsy,
2.5 or bone marrow replacement.

2.6 Subd. 3. **Qualifying level of medical expenses.** (a) For the period October 1, 2007,
2.7 through September 30, 2008, the commissioner shall refer children for care coordination
2.8 under this section if they incurred medical expenses of \$500,000 or more during the
2.9 fiscal year ending June 30, 2007.

2.10 (b) For the period October 1, 2008, through September 30, 2009, the commissioner
2.11 shall refer children for care coordination under this section if they incurred medical
2.12 expenses of \$400,000 or more during the fiscal year ending June 30, 2008.

2.13 (c) For the period October 1, 2009, through September 30, 2010, the commissioner
2.14 shall refer children for care coordination under this section if they incurred medical
2.15 expenses of \$300,000 or more during the fiscal year ending June 30, 2009.

2.16 (d) Beginning October 1, 2010, the commissioner shall refer children for care
2.17 coordination under this section if they incurred medical expenses of \$250,000 or more
2.18 during the previous fiscal year.

2.19 (e) The commissioner shall limit referrals to the extent necessary to ensure that
2.20 total enrollment in the U special kids program does not exceed 100 children for the
2.21 period October 1, 2007, through September 30, 2008, and does not exceed 150 children
2.22 beginning October 1, 2008.

2.23 Subd. 4. **Case management.** Beginning October 1, 2007, the U special kids
2.24 program shall coordinate all nonmedical case management services provided to children
2.25 who are required to receive care coordination under this section. The program may
2.26 require all nonmedical case managers, including, but not limited to, county case managers
2.27 and case managers for children served under a home and community-based waiver,
2.28 to submit care plans for approval, and to document client compliance with the care
2.29 plans. The U special kids program, beginning October 1, 2008, may employ or contract
2.30 with nonmedical case managers to provide all nonmedical case management services to
2.31 children required to receive care coordination under this section. The commissioner shall
2.32 reimburse the U special kids program for case management services through the medical
2.33 assistance program.

2.34 Subd. 5. **Statewide availability of care coordination.** The U special kids program
2.35 may contract with other entities to provide care coordination services as defined in
2.36 subdivision 1, in order to ensure the availability of these services in all regions of the state.

3.1 Subd. 6. **Advance practice nurse telephone triage system.** The U special kids
3.2 program shall establish and operate an advance practice nurse telephone triage system that
3.3 is available statewide, 24 hours a day, seven days per week. The system must provide
3.4 advance practice nurses with access to a Web-based information system to appropriately
3.5 triage medical problems, manage care, and reduce unnecessary hospitalizations.

3.6 Subd. 7. **Web-accessible database.** The commissioner shall contract with an
3.7 appropriate vendor to design, develop, and maintain an information management
3.8 application and system that is secure and Web accessible for critical information
3.9 summaries of children served by the U special kids program, to:

3.10 (1) allow effective communication and treatment integration between health care
3.11 providers, patients and their families, case managers, advance practice nurses providing
3.12 telephone triage services, and other persons or entities serving children enrolled in the U
3.13 special kids program; and

3.14 (2) allow more effective program administration, financial management, and billing.
3.15 Ownership of the information management application and system shall reside with the
3.16 Department of Human Services. Data entry shall remain the responsibility of U special
3.17 kids program case managers.

3.18 Subd. 8. **Monitoring and evaluation.** The commissioner shall monitor program
3.19 outcomes and evaluate the extent to which referrals to the U special kids program have
3.20 improved the quality and coordination of care and provided financial savings to the
3.21 medical assistance program. The U special kids program shall submit to the commissioner,
3.22 in the form and manner specified by the commissioner, all data and information necessary
3.23 to monitor program outcomes and evaluate the program. The commissioner shall present
3.24 a preliminary evaluation to chairs of house and senate human services committees by
3.25 January 15, 2008, and a final evaluation to chairs of house and senate human services
3.26 committees by January 15, 2010.

3.27 **Sec. 2. APPROPRIATION.**

3.28 (a) \$1,500,000 in fiscal year 2008 and \$1,500,000 in fiscal year 2009 are
3.29 appropriated from the general fund to the commissioner of human services for contracting
3.30 for care coordination with the U special kids program under Minnesota Statutes, section
3.31 256B.0751.

3.32 (b) \$500,000 in fiscal year 2008 and \$500,000 in fiscal year 2009 are appropriated
3.33 from the general fund to the commissioner of human services for the U special kids
3.34 program to establish and administer an advance practice nurse telephone triage system
3.35 under Minnesota Statutes, section 256B.0751, subdivision 6.

4.1 (c) \$500,000 in fiscal year 2008 is appropriated from the general fund to the
4.2 commissioner of human services to establish a Web-accessible database under Minnesota
4.3 Statutes, section 256B.0751, subdivision 7.

4.4 (d) \$500,000 in fiscal year 2008 and \$750,000 in fiscal year 2009 are appropriated
4.5 from the general fund to the commissioner of human services to reimburse the U special
4.6 kids program for complementary alternative medicine treatment not covered under
4.7 medical assistance.