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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-SEVENTH  
SESSION

**HOUSE FILE No. 592**

February 17, 2011

Authored by Fritz

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

1.1 A bill for an act  
1.2 relating to human services; authorizing medical assistance reimbursement for  
1.3 in-reach community-based care coordination in a hospital setting; amending  
1.4 Minnesota Statutes 2010, section 256B.0625, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2010, section 256B.0625, is amended by adding a  
1.7 subdivision to read:

1.8 Subd. 55. Medical care coordination. (a) Medical assistance covers in-reach  
1.9 community-based care coordination that is performed in a medical care facility as an  
1.10 eligible procedure under a state healthcare program or private insurance. In-reach  
1.11 community-based care coordination includes navigating services to address a client's  
1.12 mental health, chemical health, social, economic, and housing needs, or any other activity  
1.13 targeted at reducing the incidence of emergency room and other nonmedically necessary  
1.14 health care utilization.

1.15 (b) Reimbursement must be made in 15-minute increments under current Medicaid  
1.16 social work reimbursement methodology. Eligible in-reach care coordinators must hold a  
1.17 minimum of a bachelor's degree in social work, public health, corrections, or related field.  
1.18 The commissioner shall submit any necessary application for waivers to the Centers for  
1.19 Medicare and Medicaid Services to implement this subdivision.

1.20 (c) For the purposes of this subdivision, "in-reach community-based care  
1.21 coordination" means the practice of a community-based worker with training, knowledge,  
1.22 skills, and ability to access a continuum of services, including housing, transportation,  
1.23 chemical and mental health treatment, employment, and peer support services, by working  
1.24 with an organization's staff to transition an individual back into the individual's living

- 2.1 environment. In-reach community-based care coordination includes working with the  
2.2 individual during their discharge and for up to a defined amount of time in the individual's  
2.3 living environment, reducing the individual's need for readmittance.