;

Bill Summary Comparison of

Health and Human Services

|  |  |
| --- | --- |
| Senate File 3656-2 | House File 3138-3 |
| Article 30, Community Supports and Continuing Care  | Article 5, Community Supports and Continuing Care |

Prepared by:

Senate Counsel, Research and Fiscal Analysis and House Research

Date: May 4, 2018

This publication can be made available in alternative format upon request.

Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance.

| Article 30, Community Supports and Continuing Care |  | Article 5, Community Supports and Continuing Care |
| --- | --- | --- |
| **Section 1 (245A.03, subdivision 7, paragraph (a), clause (7))** extends an existing foster care licensing moratorium from June 30, 2018, to June 30, 2019, for certain previously unlicensed setting to become licensed.**Clause (8)** excludes from the foster care license moratorium a vacancy created in a foster care setting that has been granted a foster care licensing moratorium exception under clause (7). | Technical wording differences in clause (8); staff recommends Senate.Senate includes a special effective date and the House does not. | Section 1. Licensing Moratorium. Amends § 245A.03, subd. 7. Extends the sunset date for an exception to the corporate foster care moratorium and adds a new exception to the moratorium. |
| **Section 2** **(245A.11, subdivision 2a, paragraph (g))** amends the Department of Human Services Licensing Act, specifically the provision determining capacity for adult foster care settings. This section modifies the requirements in paragraph (f) related to the commissioner’s authority to issue an adult foster care license with a capacity of five adults, by requiring that the facility be licensed before June 20, 2021, instead of March 11, 2011. Paragraph (g) provides that the commissioner shall not issue a new foster care license under paragraph (f) after June 30, 2021, instead of June 30, 2019. The commissioner is required to allow a facility with an adult foster care license before June 30, 2021, instead of June 30, 2019, to continue with a capacity of five adults provided the license holder complies with the requirements in paragraph (f). | Identical | Section 2. Adult foster care and community residential setting license capacity. Amends § 245A.11, subd. 2a. Paragraph (f) broadens the corporate adult foster care or community residential settings that may be issued a license for five beds (as opposed to four beds). Currently, in order to be eligible for a fifth bed, a facility must have been licensed for adult foster care before March 1, 2011. The bill allows facilities licensed before June 30, 2016, to be licensed for five beds.Paragraph (g) extends the sunset date on the commissioner’s authority to issue licenses for five beds from June 30, 2019, to June 30, 2021. |
| **Section 3** **(245D.03, subdivision 1)** clarifies which services are governed by Minnesota Statutes, chapter 245D, licensing standards by including the medical assistance waivers under which the services are provided, and changes the name of behavioral support services to positive support services. | Identical | Section 3. Applicability. Amends § 245D.03, subd. 1. Corrects inconsistent terminology and broadens the applicability of certain basic support services under the home and community-based service standards to more of the home and community-based service waivers. |
| **Section 4** **(245D.071, subdivision 5)** amends the home and community-based services standards related to service planning for intensive support services.**Paragraph (a)** is editorial.**Paragraph (b)** requires a licensed provider of intensive home and community-based services, when conducting a service plan review, to include and document a discussion of how a person receiving intensive services might use technology to help the person meet the person’s goals. (In 2017, the legislature passed identical language for the purposes of initial service planning.) | Identical | Section 4. Service plan review and evaluation. Amends § 245D.071, subd. 5. Makes technical and conforming changes and adds paragraph (b). Paragraph (b) requires the license holder, in coordination with others, to meet with the person, the person’s legal representative, and the case manager at least once per year to discuss how technology might be used to meet the person’s desired outcomes. Requires the coordinated service and support plan or support plan addendum to include a summary of this discussion. Specifies the information that must be included in the summary. Specifies the use of technology is not required to be used for the provision of services. |
| **Section 5** **(245D.091, subdivision 2, clause (12), item (vi))** allows an individual with master’s degree or higher and a demonstrated expertise in positive supports to qualify as a positive supports professional. | The House includes language in item (vi) related to case managers and the community support plan and the Senate does not. | Section 5. Positive support professional qualifications. Amends § 245D.091, subd. 2. Modifies terminology (changes behavior support to positive support) and the requirements a positive support professional providing positive support services must meet. |
| **Section 6** **(245D.091, subdivision 3)****Paragraph (a), clause (3),** permits a board-certified behavior analyst or assistant behavior analyst to qualify as a positive support analyst.**Paragraph (b), clause (1),** modifies additional qualifications for a positive support analyst be requiring four years of supervised experience that includes specific tasks.**Paragraph (b), clause (2),**allows a person who meets the other positive support analyst qualifications to qualify as a positive support analyst if the person receives the required training within 90 days following hire and adds additional training requirements.  Under current law, such a person does not qualify as a behavior analyst until after the training is completed.**Paragraph (c)** allows a person who qualifies as a positive support professional to qualify as a positive support analyst without meeting the training requirements of paragraph (b). | Identical | Section 6. Positive support analyst qualifications. Amends § 245D.091, subd. 3. Modifies terminology and the requirements a positive support analyst providing positive support services must meet. |
| **Section 7 (245D.091, subdivision 4)****Paragraph (b)** allows a person who meets the other positive support specialist qualifications to qualify as a behavior specialist if the person receives the required training within 90 days following hire.  Under current law, such a person does not qualify as a behavior specialist until after the training is completed.  The bill does change the existing training requirements.Paragraph (c) allows a person who qualifies as a positive support professional to qualify | Identical | Section 7. Positive support specialist qualifications. Amends § 245D.091, subd. 4. Modifies terminology and the requirements a positive support specialist providing positive support services must meet. |
|  | House only | Section 8. Prescribed pediatric extended care center services. Amends § 256B.0625, by adding subd. 65. Makes PPEC center basic services covered services under MA. Requires the commissioner to set two payment rates for basic services provided at PPEC centers, a half-day rate and a full-day rate. Allows the rates established under this subdivision to be evaluated by the commissioner two years after the effective date of this subdivision. Makes this section effective January 1, 2019, or upon federal approval, whichever occurs later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained. |
| **Section 8** **(256B.0659, subdivisions 3a)**clarifies that lead agencies may continue to use legacy assessment tools for PCA assessments. | Senate only |  |
| **Section 9 (256B.0659, subdivision 11, paragraph (d))** specifies the requirements a personal care attendant must meet in order for the services the personal care attendant provides to qualify for an existing enhanced rate. | Identical | Section 9. Personal care assistant; requirements. Amends § 256B.0659, subd. 11. Lists the qualifications a personal care assistant must meet to qualify for an enhanced rate for PCA services. |
| **Section 10 (256B.0659, subdivision 17a)** codifies an existing enhanced rate for personal care attendant services provided to individuals requiring 12 or more hours of service. | Identical | Section 10. Enhanced rate. Amends § 256B.0659, by adding subd. 17a. Establishes an enhanced rate of 105 percent of the rate paid for PCA services to be paid for PCA services provided to persons who qualify for 12 or more hours of PCA service per day when provided by a PCA who meets certain requirements. Specifies this rate increase is inclusive of any rate increases implemented on July 1, 2018, for the self-directed workforce. |
| **Section 11 (256B.0659, subdivision 21)** requires provider agencies to document whether a personal care attendant has received the training that would qualify the services the personal care attendant provides for an enhanced rate. | Identical | Section 11. Requirements for provider enrollment of personal care assistance provider agencies. Amends § 256B.0659, subd. 21. Modifies the list of information and documentation a PCA provider agency must provide to the commissioner to include documentation that the agency staff meet the enhanced PCA services requirements if enhanced PCA services are provided and submitted for payment. |
| Section 12 (256B.0659, subdivision 24, clause (15)) requires a provider agency to pass through the entire value of the enhanced rate in the form of wages and benefits to the personal care attendants who provide the services that qualify for the enhanced rate. | Identical | Section 12. Personal care assistance provider agency; general duties. Amends § 256B.0659, subd. 24. Removes an obsolete date. Adds a new duty to PCA provider agencies related to documenting the use of any additional revenue due to the enhanced PCA rate. |
| Section 13 (256B.0659, subdivision 28) requires provider agencies to document whether a personal care attendant has received the training that would qualify the services the personal care attendant provides for an enhanced rate. | Identical | Section 13. Personal care assistance provider agency; required documentation. Amends § 256B.0659, subd. 28. Modifies the list of required documentation PCA agencies must keep to add a requirement related to the PCA enhanced rate. |
| **Section 14 (256B.0911, subdivision 1a, paragraph (b))** removes from the MnCHOICES assessment process service eligibility determinations for home care nursing and reassessments for people with developmental disabilities receiving only Rule 185 case management services, and also removes long-term care consultation services (otherwise known as a MnCHOICES assessment) as the required process for determining whether the family of a minor with a disability is eligible for a support grant. | Senate only |  |
| **Section 15 (256B.0911, subdivision 3a, paragraph (a))**makes conforming changes by striking from the MnCHOICES statute references to home care nursing.**Paragraph (c)** requires the MnCHOICES assessment process to be conversational in nature.**Paragraph (d)** removes a requirement that a legal representative of a person receiving a MnCHOICES assessment be physically present during an assessor’s face-to-face assessment of the person seeking long-term care, and permits the legal representative to participate in the assessment remotely instead.**Paragraph (e)** removes the existing requirement that a MnCHOICES assessor complete a community support plan within 40 calendar days of the assessment. DHS will determine a new deadline for completing the community support plan, but the total time for the assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 56 days.**Paragraph (j), clause (9),** requires a certified assessor to point out in the assessment documents the location of the statement concerning the person’s right to appeal the results of an assessment.**Paragraph (k)** allows the results of a MnCHOICES assessment to establish service eligibility for developmental disability waiver services for up to 60 days from the time of the assessment. Paragraph (k) interacts with existing paragraph (m) to permit a service eligibility update for developmental disability waiver services to extend the validity of a MnCHOICES assessment for an additional 30 days. These changes align the service eligibility timelines for developmental disability waiver services with the timelines for the other home and community-based waiver and alternative care services. | Senate only |  |
| **Section 16 (256B.0911, subdivision 3f, paragraph (a))** requires a certified assessor to review a person’s most recent assessment prior to a reassessment, and requires DHS to establish timelines for a MnCHOICES assessor, following an annual MnCHOICES reassessment, to complete an updated coordinated support plan and a case manager to complete an updated coordinated service and support plan. | Senate only |  |
| **Section 17 (256B.0911, subdivision 5, paragraph (c))** requires the Commissioner of Human Services, in cooperation with lead agencies, to develop and collect data on a set of measures of increasing efficiency in the MnCHOICES assessment process, and to report an analysis of that data to lead agencies and to the Legislature.  Paragraphs (a) and (b) contain existing requirements that the commissioner make the assessment process more efficient.  This paragraph requires the commissioner to demonstrate that the process is becoming more efficient. | Senate only |  |
| **Section 18 (256B.0915, subdivision 6, paragraph (a), clause (1))** removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 56 days. | Senate only |  |
| **Section 19 256B.092, subdivision 1b, paragraph (a), clause (1))** removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 56 days. | Senate only |  |
| **Section 20** **(256B.092, subdivision 1g)** amends the developmental disability waiver statute to permit individuals who are currently receiving only Rule 185 case management services to make an informed choice to decline a MnCHOICES reassessment. | Senate only |  |
|  | House only | Section 14. Home and community-based services innovation pool. Amends § 256B.0921. Modifies terminology. |
| Section 21 (256B.093, subdivision 1) extends the Traumatic Brain Injury Advisory Committee for an additional five years.  | Senate only |  |
| Section 22 (256B.49, subdivision 13, paragraph (a), clause (1)) removes the current ten-day deadline for case managers to complete coordinated service and support plans for people receiving any home and community-based waiver services or alternative care.  DHS will determine a new deadline for completing coordinated service and support plans, but the total time for a MnCHOICES assessor to complete the community support plan and the case manager to complete the coordinated service and support plan must not exceed 56 days. | Senate only |  |
| **Section 23** **(256B.4914, subdivision 2)** adds a definition of “direct care staff” for the purposes of data collection and reporting requirements in subdivisions 10 and 10a. | Identical | Section 15. Definitions. Amends § 256B.4914, subd. 2. Defines “direct care staff” under the DWRS and makes technical and conforming changes. |
| **Section 24 (256B.4914, subdivision 3)** makes conforming and editorial changes. | Identical | Section 16. Applicable services. Amends § 256B.4914, subd. 3. Makes a conforming change to terminology and alphabetizes clauses in the list of services to which the disability waiver rate system applies. |
| **Section 25 (256B.4914, subdivision 4)** makes conforming changes to cross-references. | Identical | Section 17. Data collection for rate determination. Amends § 256B.4914, subd. 4. Makes conforming changes. |
| **Section 26 (256B.4914, subdivision 5, paragraph (k))** adds a competitive workforce factor to the framework rates calculated under the disability waiver rates system (DWRS). The competitive workforce factor decreases over time.  The scheduled implementation dates, factor percentage, and the average estimated rate increase are as follows:* beginning January 1, 2019 (2nd ½ of FY 19), the competitive workforce factor is 8.35, resulting in an estimated average rate increase over Feb. 2018 forecasted rates of +7%;
* beginning July 1, 2019 (FY 20), the competitive workforce factor is 5.5, resulting in an estimated average rate increase over Feb. 2018 forecasted rates of +5.5%; and
* beginning July 1, 2020 (FY 21) and thereafter, the competitive workforce factor is 1.8, resulting in an estimated average rate increase over Feb. 2018 forecasted rates of +1.6%.

Note: under current law, banding will begin to phase-out during FY 21; or during FY 2020 if federal approval for the seventh year of banding is not received. | The House modifies the frequency of the inflationary adjustments in paragraphs (h) and (i) and the Senate does not. The Senate phases down the competitive workforce factor in paragraph (k) and the House does not. The House and Senate have different effective dates. | Section 18. Base wage index and standard component values. Amends § 256B.4914, subd. 5. Paragraphs (h) and (i) modify the automatic inflationary adjustments to the base wage index and certain framework components that are included in the DWRS. The modifications include: (1) changing the date of the next inflationary adjustment from July 1, 2022, to January 1, 2022; (2) increasing the frequency of the adjustments from every five years to every two years; and (3) clarifying the manner in which the adjustments are calculated. Paragraph (k) requires the commissioner to update the base wage index with a competitive workforce factor of 8.35 percent. Specifies the manner in which lead agencies must implement the competitive workforce factor.Makes the amendments to paragraphs (h) and (i) effective January 1, 2022, or upon federal approval, whichever is later. Makes paragraph (k) effective July 1, 2018, or upon federal approval, whichever is later. Requires the commissioner of human services to notify the revisor of statutes when federal approval is obtained. |
|  | House only | Section 19. Payments for residential support services. Amends § 256B.4914, subd. 6. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022. |
|  | House only | Section 20. Payments for day programs. Amends § 256B.4914, subd. 7. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022. |
|  | House only | **Section 21. Payments for unit-based services with programming.** Amends § 256B.4914, subd. 8. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022. |
|  | House only | **Section 22. Payments for unit-based services without programming.** Amends § 256B.4914, subd. 9. Removes the regional variance factor from the DWRS rate calculations. Makes this section effective January 1, 2022. |
| **Section 27 (256B.4914, subdivision 10)** requires the commissioner to collect and evaluate data related to the direct care staff labor market, and expands an existing report to the legislature to include an evaluation of the effectiveness of the competitive workforce factor. | Paragraphs (a) to (d) and (f) to (j) are identical. In paragraph (e), the Senate includes a cross-reference to an evaluation of the effectiveness of the competitive workforce factor and the House does not. | Section 23. Updating payment values and additional information. Amends § 256B.4914, subd. 10. Adds direct care staff labor market measures to the list of items DHS must review and evaluate under the DWRS. |
| **Section 28 (256B.4914, subdivision 10a, paragraph (f))** requires providers to submit to the commissioner labor market data.**Paragraph (g)** requires the commissioner to publish an annual report on the labor market for direct care staff that includes an evaluation of the effectiveness of the competitive workforce factor. | The House lists data that must be submitted by providers in paragraph (f) and the Senate does not. The House and Senate lists of labor market data that must be reported in paragraph (g) differ. | **Section 24. Reporting and analysis of cost data.** Amends § 256B.4914, subd. 10a. Adds paragraph (f), which requires providers enrolled to provide services with rates determined under DWRS to submit labor market data to the commissioner annually beginning January 1, 2019. Lists data providers must submit to the commissioner. Adds paragraph (g), which requires the commissioner to publish annual reports on provider and state-level labor market data, beginning January 15, 2020. Lists data the commissioner must publish in the annual report. |
|  | House only | Section 25. ICF/DD rate increase effective July 1, 2018; Steele County. Amends § 256B.5012, by adding subd. 18. Effective July 1, 2018, sets the daily rate for an ICF/DD located in Steele County that is classified as a class B facility and licensed for 16 beds at $400. Specifies this increase is in addition to any other increase that is effective on July 1, 2018. |
| **Section 29 (256I.03, subdivision 8)** amends the definition of “supplementary services” by adding a cross-reference to the requirements under Minnesota Statutes, section 256I.04, subdivision 2h (section 3). | Senate only |  |
| **Section 30** **(256I.04, subdivision 2b)** requires that providers of housing supports confirm in their housing support agreement that the provider will not limit or restrict the number of hours an applicant or recipient chooses to be employed, as specified in subdivision 5 (section 4). | Senate only |  |
| **Section 31 (256I.04, subdivision 2h)** is a new subdivision that requires providers of supplementary services to ensure that recipients have, at a minimum, assistance with services identified in the individual’s professional statement of need.  This section also requires all providers to maintain case notes with the date and description of services provided to individual recipients. | Senate only |  |
| **Section 32 (256I.04, subdivision 5)** is a new subdivision that prohibits a provider from limiting or restricting the number of hours an applicant or recipient is employed. | Senate only |  |
| **Section 33 (256I.05, subdivision 3)** modifies the housing support chapter of law, specifically the limits on rates.  The modification in this section maintains rates for clients who meet the same eligibility criteria, but allow the provider to charge a lower rate for individuals who do not qualify for housing support. | Senate only |  |
|  | House only | Section 26. Nursing facilities in border cities. Amends § 256R.53, subd. 2. Adds nonprofit nursing facilities in Moorhead to the nursing facility payment rate exemption that already exists for Breckenridge. Requires the commissioner to make a comparison of rates by November 1 of each year and apply it to the rates to be effective on the following January 1. Exempts facilities under this subdivision from rate limits if the adjustments under this subdivision result in a rate that exceeds the limits. Makes this section effective for rate increases for facilities in Moorhead for rate years beginning January 1, 2020, and annually thereafter. |
| **Section 34 (Laws 2014 – Disability Waiver Reimbursement Rate Adjustments)** repeals the application of the seven percent after-model rate increase to DWRS rates (i.e., framework rates) while continuing to apply the seven-percent increase to “banded” rates. The effective date of the repeal in January 1, 2019, to coincide with the expected implementation date of the competitive workforce factor. | Technical differences in subdivision 1; staff recommends the House language. Subdivisions 2 to 5 are identical.Effective dates are different. | **Section 27. Disability waiver reimbursement rate adjustments.** Amends Laws 2014, ch. 312, art. 27, § 76. **Subd. 1. Historical rate.** Makes technical and conforming changes.  **Subd. 2. Residential support services.** Removes this subdivision. **Subd. 3. Day programs.** Removes this subdivision. **Subd. 4. Unit-based services with programming.** Removes this subdivision. **Subd. 5. Unit-based services without programming.** Removes this subdivision.Makes this section effective January 1, 2019. |
| **Section 35 (Laws 2017, First Special Session Chapter 6, Article 1, Section 52**) require the commissioner, within the context of an existing reporting requirement, to examine the option for a flat-rate payment methodology for MnCHOICES assessments. | Senate only |  |
| **Section 36 (Electronic Visit Verification)****Subdivision 2, paragraph (d),** clarifies that home health services, medical supplies and equipment, and home and community-based services will be subject to electronic visit verification requirements.**Subdivision 3** requires the commissioner of human services to make a state-selected electronic visit verification system available to all providers by January 1, 2019.**Subdivision 3a, paragraphs (a) and (b),** allows providers to select their own electronic visit verification system provided the system meets various requirements established by the commissioner.**Paragraph (c)** clarifies the implementation dates by which providers must implement an electronic visit verification system. | Subdivisions 1, 2, 3a, and 4 are identical. Technical difference in the title of subdivision 3; staff recommends the Senate language. | **Section 28. Electronic visit verification.** Amends Laws 2017, 1st Spec. Sess. ch. 6, art. 3, § 49.  **Subd. 1. Documentation; establishment.** Modifies terminology.  **Subd. 2. Definitions.** Modifies terminology and expands the definition of “service” to include home health services and other medical supplies and equipment or home and community-based services that are required to be electronically verified by the federal 21st Century Cures Act. **Subd. 3. Requirements.** Modifies terminology, removes obsolete language, requires the commissioner to make a state-selected electronic visit verification system available to providers of services.  **Subd. 3a. Provider requirements.** Paragraphs (a) and (b) allow providers of services to select their own electronic visit verification system that meets the requirements established by the commissioner and require providers to provide data to the commissioner in a format and at a frequency to be established by the commissioner. Paragraph (c) specifies the timeline for providers to implement the electronic visit verification systems required in this section and defines “personal care services” and “home health services” for purposes of this paragraph. **Subd. 4. Legislative report.** Repeals this subdivision. |
| **Section 37 (Analysis of Licensing Adult Foster Care)** requires an analysis of the licensing of adult foster care settings identified by the commissioner.  The commissioner must engage stakeholders and family members in the process of determining if revisions to the definition of residential program are needed, and in developing recommendations.  A summary of the analysis is due to the legislative committees with jurisdiction over human services issues by February 15, 2019. | Senate only |  |
| **Section 38 (Direction to the commissioner)** requires the commissioner to continue to apply the entire seven percent after-model rate increase to DWRS rates (i.e., framework rates) between July 1, 2018, and December 31, 2018, even though federal financial participation for this rate increase has been disallowed by the Centers for Medicare and Medicaid Services. This language results in all state funding for the seven percent rate increase for an additional six months. | The House includes a more descriptive title; staff recommends House.The Senate links the end date of this reimbursement to the approval of the competitive workforce factor, if approval is received before December 31, 2018, and the House does not. | Section 31. Direction to the commissioner; DWRS. Requires the commissioner of human services to continue to reimburse CMS for the disallowed share of the seven percent rate increase between July 1, 2018, and December 31, 2018. Makes this section effective July 1, 2018. |
|  | House only | **Section 29. Direction to commissioner; PPEC.** No later than August 15, 2018, requires the commissioner of human services to submit to the federal Centers for Medicare and Medicaid Services any MA state plan amendments necessary to cover PPEC center basic care services. Makes this section effective the day following final enactment. |
| **Section 39** **(Direction to the Commissioner)** permits an existing housing with services establishment providing customized living services under the BI and CADI waivers to redistribute its service capacity to other establishments. | Paragraph (a) is identical. Paragraph (b) includes a wording difference; staff recommends Senate. | **Section 30. Direction to commissioner; BI and CADI waiver customized living services provider located in Hennepin County.** Paragraph (a) directs the commissioner of human services to allow a BI and CADI waivers customized living services provider located in Minneapolis to transfer capacity to up to three new housing with services settings located in Hennepin County. Paragraph (b) requires the commissioner to determine the new housing with services establishments meet the BI and CADI waiver customized living size limitation exception for clients receiving those services at the new establishments. |
| **Section 40** **(Direction to the Commissioner)** requires the Commissioner of Human Services to ensure that the updates to the MnCHOICES assessment tool incorporates a qualitative approach to interviewing. | Senate only |  |
| **Section 41 (Revisor's Instruction)** directs the revisor to codify the electronic visit verification language in Minnesota Statutes, chapter 256B. | The House includes an instruction to the Revisor to correct terminology related to the DD waiver and the Senate does not. | **Section 32. Revisor’s instruction.** Paragraph (a) instructs the revisor of statutes to codify the electronic visit verification law, as amended in this act, in Minnesota Statutes, chapter 256B. Paragraph (b) instructs the revisor of statutes to correct inconsistent terminology related to the DD waiver. |
| **Section 42 (Repealer)** repeals the existing paper-based personal care attendant visit verification requirements upon implementation of the electronic visit verification system. | Identical | Section 33. Repealer. Repeals Minnesota Statutes, section 256B.0705 (PCA mandated service verification). Makes this section effective January 1, 2019. |